4	08111 CERTIFICATE OF DEATH	08055 Reg. Dist. No.
l director, filed with	all the service	If institution: Residence before admission)
r death	b. CITY OR TOWN (If outside corporate limits, write RULL) and give nearest towel Corporate limits and give nearest towel Corporate limits.	75x-3
in by the	d. NAME OF HOSPITAL (If not in hospital, give street address) A. STREET ADDRESS Therefore the street address description of the street addre	e. IS RESIDENCE ON A FARM? YES
ithin 24 h sty filled i Pages 1 a	3. NAME OF DECEASED (Type or print) (OGNACE 17. MARRIED TO NEVER MARRIED TO BEATH CO. S. SEX. (4. COLOR OF TACE 17. MARRIED TO NEVER MARRIED TO 18 DATE OF RIPTH (9. ACI	ugust 5 1957
plete w	WIDOWED DIVORCED WAS 1911	E (In years of the property of
a Defo W V	130. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. PRHPLACE (Stote or faceign country) 4. MOTHER'S NAME 13. FATHER'S NAME	ma 12. CITIZEN OF WHAT COUNTRY?
g physician or remave carbo	William George albright Shace Elit	1 Burkett
eath certi	(Yes, no. or unigorum) if if yes, give wor or doing of Africal TMC ; WM Gold	ge allright
the dec	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART INDEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PART INDEATH CAUSE (a) PART INDEATH (S) IMMEDIATE CAUSE (a)	Nr S.) INTERVAL LETWEEN ONSET AND DEATH
ires that ned by 1 ermit. T	Conditions, if ony, which gove rise to immediate DUE TO	alvia
w requirement sign on sign and in	lying couse tast. (c) Istach Selevery office	DITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
The lang physe has burial-tremaval		PERFORMED?
sician attendi	UR CONTRIBUTION AND CAUSE OF DEATH UR FEITHER, NOTIFY MEDICAL EXAMINER) To a contribution of the contrib	
VG PHY pital ar er this of for use	Hour o. gr. 19 While Not while of work of work of work of the deceased from 8-5 19-57, to 8-5	
TENDIN the host	1113-41	., 19.2
DIRECT PRIOR IN	SIGNATURE HI WILL M.D. Frost leur	g, md, 95/57
HOSPITAL FUNERAL DI coge 3 should he registror pr	PHYSICIAN'S HOLD, ELL MID, ELST, C. 10. ELL MID, ELST, C. 220. BURIAL, CREMATION, 226. DATE THEREOF 226. NAME OF CEMETERY OF CREMATORY 224. LOCATION (C.	rg, Md, (ity, tayh, of county) (State)
5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	REMOVAL (Specify) 8-10-57 Australia (Collis Daniel Specify) 8-10-57 Australia (Collis Daniel Specify) 240. REC'D BY REGISTRAR COLLIS (Collis Daniel Specify) 240. REC'D BY REC'D BY REGISTRAR COLLIS (Collis Daniel By Rec'D BY REC'D B	24b. REGISTRAR'S SIGNATURE
VS A15 (4) 15M 9/55	Frank (Alleright DATE (5-5)	Mis Mariey XI. Kes

Person allen Beliebery trees there ALBRICHT - Coynet 5 ... aug 5, 1957 6 45 Freethery, In 21.51A william Lang Wilnight Bear Elin Bunkett The was Stated all red Il Prematical to the (8 his.) 6 h. 45 m. Menzinal Telapento from Brillet delivery (fortenens) 40G 18 1957 HODEL MID FIELD BECEIN

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

BUREAU V. S.

WESTER CENTIFICATE OF DEATH

2Eb \$ 1021

BECEINED

NOST CERTIFICATE OF DEATH ...

BUREAU V. 2

4961 Z5 50V

BECEINED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 lin corpora 08057 CERTIFICATE OF DEATH Reg. Dist. No. I director, filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) . COUNTALLEGANY b. COUNTY MARYLAND ALLEGANY erol be f c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 RURAL CUMBERCA'ND 6 DAYS CUMBERLAND, should d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION IAL HOSPITAL-MEMORIAL B. IS RESIDENCE d. STREET ADDRESS 24 YES NO 307 UNION STREET puo ₽, 4. DATE NAME OF Fiest Middle Losi Month Year OF DEATH (Type or print) HOMER BAKER AUGUST 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX completely low-by (hdoy) Mooths MARCH 31 ,1900 MALE WHITE DIVORCED | WIDOWED [popers. 12. CITIZEN OF WHAT COUNTRY? TOG. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slote or foreign country) deoth. during most of working life, even if retired) USA Fairhone C & A GAS CO. LABORER puo carbon ofter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physicion ANNA E. SMITH BERT BAKER гетоме Address 16. SOCIAL SECURITY NO 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 214-05-9426 Yes MEMORIAL HOSPITAL-MEMORIAL AVENUE ottending INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] ONSET AND DEATH ā, Coma PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) 6 class DUE TO þ Conditions, if ony, which gned gave rise to immediate **DUE TO** couse (a), stating the underlying couse lost. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(01) 19. WAS AUTOPSY PERFORMEDA YES NO. 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED (County) (Slote) actory, street, office bldg., etc.) While Not while of work of work Lithat I last saw the deceased 21. I certify that Lattended the deceased fram. and that death accurred at 1:10 A.M. from the causes and an the date stated above. DIRECTOR: ADDRESS (Street, city or town, stole) DATE SIGNED by ACTUAL 3 should be SIGNATURE ned TO FUNERAL 226. DATE THEREOF 22d. LOCATION (City, town, or county) 270. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY (Stote) page REMOYAL (Specify) 2 Willcrest Burial Park umberland, Maryland Buria 246. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 2490REC'D BY REGISTRAR VS A15 (4) 15M 9/55 ohn J. Hafer, Cumberland, Maryland

CENTIFICATE OF DEATH

BUREAU V. S.

106 ST 1957

BECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

08058

CERTIFICATE OF DEATH

Reg. Dist. No.

08059

							- (
1. PLACE OF DEATH o. COUNTY	LLEGANY		MARYLAND	2. USUAL RESIDENCE (MO. STATE	Where deceased lived. If institution b. COUNTY		
b. CITY OR TOWN (If aunide corporate limits, write RURA) and give negret fown) CUMBERLAND 23 DAYS			c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND				
d. NAME OF HOS	MORIAL HOSPI	TAL	oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO N	
3. NAME OF DECEASED (Type or print)	SOP		M. BAR	RETT	4. DATE Mo OF DEATH AUGU		Day Year 2 1957
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARI WIDOW	RIED NEVER MARRIED DE DIVORCED	8. DATE OF BIRTH APRIL 12	1879 9. AGE (In years lost beendoy)	Months Days	AR IF UNDER 24 HRS. Hours Min.
during most of w	TION (Give kind of work of orking life, even if retired) OUSEWIFE		KIND OF BUSINESS OR INDU Own home	MARYLAI	Oumberland		S.A.
13. FATHER'S NAME ROBERT	SCHAUWECKER			SOPHIA GI			
15. WAS DECEASED E	VER IN U. S. ARMED FOR		social security no. 17. (19-03-9498-1)	MEMORIAL HOS		RLAND, MA	ARYLAND
	immediate DUE 10	(ne for (a), (b), and (c).	ona H	Staddo		NEEVAL BETWEEN NSET AND BEATH
200. ACCIDENT NO OR CONTRIBUTION	ronic '	~	CONTRIBUTING TO DEATH BUT	IS E WY	WINAL DISEASE CONDITION GI	VEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
20c. TIME OF INJI	n. 19	v 20d. II While of wor	Not while fa	ACE OF INJURY (Hame, for ctory, street, office bldg., e	m, 20f. (City or tawn)	(Count)	y) (State)
21. I certify alive on	DR. H. T	deceas 19 0LSO	and their death	No. Cumb	DP My from the couses ADDRESS (Street, Gry or John	one on the d	saw the decease lote stated above
220. BURIAL, CREMAT REMOVAL (Specifi Burial		F	22c. NAME OF CEMETERY OF Hillcrest		22d. toCation (City, town, Cumberland,		(Slote)
23. FUNERAL DIRECTO	CR'S SIGNATURE L. George	umb	ADDRESS Md.	29. REC	C'D BY REGISTRAR 24b. REG	ISTRAR'S SIGNAT	URE MANY M.

VS A1S (4) 15M 9/5S

page 3 should be detached for use as the burial-transit permit.

MANY AND STATE DESIGNATION OF HEALTH SALTIMORE, TO

AND THE PROPERTY OF THE PARTY O

BUREAU V. L.

SECENTED



LIBEVII A -

corpor	te			E, 18
the second		08060 CERTIFICATE	OF DEATH	Reg. Dist. No.
W.		LACE OF DEATH COUNTY ALLEGANY MARYLAND	USUAL RESIDENCE (Where deceased lived. If is state MARYLAND	nstitution: Residence before admission) OUNTY ALLEGANY
10)	ľ	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND. MD. 3 DAYS	CITY OR TOWN (If outside corporate limits, to CUMBERLAND,	write RURAL and give nearest fown)
1.1	T,	OCHIDEITEAID: NO.	d STREET ADDRESS 80 Auburn Ave.	IS RESIDENCE ON A FARM? YES NO
		AME OF First Middle ECEASED Trevnor T BABY BOY BROWN	Lost 4. DATE OF DEATH	AUGUST 22, 19 576
,	5 S	ALE LILITE	TE OF BIRTH 9. AGE (In lost birth	VEGTS IF UNDER TYEAR IF UNDER 24 HRS
fer death.	100	USUAL OCCUPATION (Give kind of work done during most of working life, even if relired)	11 BIRTHPLACE (Stole or foreign country)	12. CITIZEN OF WHAT COUNTE
	13.	None I I	CUMBERLAND MARYLAND MOTHER'S MAIDEN NAME DOROTHY M. MARKE	
72 hours	15. [Yes	VAS DECEASEDEVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORI	MANT	Address
at within 7		NO NONE JOHN 18 CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Utele of SIS (Brown 80 Auburn	INTERVAL BETWEEN ONSET AND DEATH
nd in any eve		Conditions, if any, which gove rise to immediate couse (a), stoting the under-lying couse lost.		
remayal, on	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT		PERFORMED? YES NO
or re-		206. ACCIDENT WAS UNDERLYING [] 206 DESCRIBE HOW INJURY OCCURRED (Ent. OF CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ter noture of injury in Port 1 or Port 11 of item 1	(8.)
emolian	MEDICAL	20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED While Not while at work at work at work	OF INJURY (Home, farm, 20f (City or town) street, affice bldg., etc.)	(County) (State
or to burial, cr		alive on 19, ond that death occ	turred at 7:10 AM, from the countries (Street, city or	
strar prior		PHYSICIAN'S F.B. WHITWORTH	<u> </u>	
the registr	I	BURIAL CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY OR CRE SUPPLY Specify 8-23-57 Sunset Memori	al Park Cumberla	nd Md.
	100	James F. Scarpelli Cumberland. Md.	244 REC'D BY REGISTRAR 246	REGISTRAR'S SIGNARURE

BUREAU V, &
Aug 26 1757

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 0806 Within corporate limits CERTIFICATE OF DEATH 08061 Rea. Dist. No. filed with 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where decrosed tived. If institution: Residence before admission o. COUNTY 6 COUNTY MARYLAND ALLEGANY MARYLAND ALLEGANY funerol of the fi b. CITY OR TOWN (If outside corporale limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) 2 HRS. CUMBERLAND. CUMBERLAND d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. 15 RESIDENCE YES NO MEMORIAL HOSPITAL 400 SPRINGDALE STREET 2 NAME OF 4. DATE Entit Middle Month Year AUGUST 28 195 COMBS **HOMA** MARGARET DEATH (Type or print) 9. AGE (In years lost birthdoy) 53 yrs IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED THEY MARRIED T B DATE OF BIRTH WHITE Davs Hours FEMALE DIVORCED [7 SEPT 20 1903 WIDOWED [7] 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)
HOUSEWIFE DAVIS. WEST VIRGINIA U.S.A. Own Home ofter de 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician SARAH MALE HENRY MALE 15 WAS DECEASED EVER IN U. S. ARMED FORCES? ITA SOCIAL SECURITY NO. 17 INFORMANT Address Memorial Hospital, Cumberland, Maryland. None ottending No18. CAUSE OF DEATH [Enter only one couse ger line for (o), (b), and (c).] INTERVAL BETWEEN ONSET, AND DEATH PART I. DEATH WAS CAUSED BY: DUE TO ģ Conditions, if any, which gove rise to immediate DUE TO couse (o), slating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO P 200 ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c, TIME OF INJURY Month. 20e PLACE OF INJURY (Home, form, Day, Year 20d INJURY OCCURRED 20f. (City or town) (State) (County) factory, street, office bldg , etc.) Hour e.m. While Not while at work ot work 21. I certify that I attended the deceased fram that I last saw the deceased and that death accurred at 2:35P alive an M, fram the couses and an the date stated above. ed by the DIRECTOR: DATE SIGNED ACTUAL SIGNATURE TO FUNERAL PHYSICIAN'S RICHARD J. WILLIAMS 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) BURIAL CREMATION. 226. DATE THEREOF REMOVAL (Spenify) Sunset Memorial Park Cumberland. 23 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 246 REGISTRAR'S SIGNATURE **YS A15 (4)** Lee Silcox Cumberland. 15M 9/55

BEVN A. F.

:EP 3 '1957

SCEIVED!

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 08123 CERTIFICATE OF DEATH Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution, Residence before admission) a. COUNTY o. STATE Maryland b. COUNTY Allegany MARYLAND Allegany b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Rural Cumberland vears Cumberland d. NAME OF HOSPITAL (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? Route Route YES NO X 3. NAME OF First Middle DATE Lost Year DECEASED 26. COSNER Aug. (Type or print) FRNEST DEATH 10 6 COLOR OR RACE 7. MARRIED T NEVER MARRIED B. DATE OF BIRTH AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Months Days DIVORCED [7] WIDOWED [7] White Male 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Moulding Dept Scheer. USA Auto Tires 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Betty Kuhn Soloman F. Cosner 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address Delzia Cosner, Et.5, Cumberland, Md. No 18 CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: Occlusion **DUE TO** Conditions, if any, which gave rise to immediate DUE TO cottse (o), stoling the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(p) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) 0. m Not while of work of work 21. I certify that I attended the deceased from 1957, that I last saw the deceased and that death occurred at 12:447, M, from the causes and an the date stated above alive an **ACTUAL** SIGNATUR PHYSICIAN'S NAME (Type) 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) 220. BURIAL, CREMATION. (Stole) .O.O.F. Cemetery Elk Garden. W. 0

24e, REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

VS A1S (4) 15M 9/5S 23. FUNERAL DIRECTOR'S SIGNATURE

William H. Kight, Cumberland, Md.

RUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08064 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 08124 essary, please exe cremotion Reg. Dist. No. 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where decreased lived. If Institutions Residence before admission) a. COLINTY b. COUNTY a. rvland Δ77 » Alleg nv MARYLAND burial. b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate fimils, write RURAL and give negrest town) and give negreel town) Rural Paw Paw. W. Va. Near Paw Paw, W. Va. II yrs 0 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Route I Paw Paw, Paw Paw. W. Va. YES TO NO T 9.0 2, and 3 to the funeral dir. y be retained for your files and 2 with the registrar p 3. NAME OF Middle DATE Month Year DECEASED 27 1957 (Type or print) Connia Jean DEATH Crabtree August 5. SEX 6. COLOR OR RACE . MARRIED T NEVER MARRIED [7] 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. Months Dones. Hours Min. white Fema] a August I946 WIDOWED [7] DIVORCED [Т Туп. 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 2, and during most of working life, even if retired) Cumberland. Md. USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 24 hours of Pages 1, 2 Josephine Alkire Walter D. Grabtree W age 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Walter D. Crabtr. . RtI Pow Paw. Give none 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN in Item 18. with farm PA PART I. DEATH WAS CAUSED BY-Intracanial Hemorrhage 5 Min. IMMEDIATE CAUSE (6) alang with fare **DUE TO** Skull Fracture Conditions, if any, which gave rise to immediate couse DUE TO (a), stotling the underlying couse lost. Office PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II 11 19, WAS AUTOPSY 6 pending PERFORMED? Fracture of right Femur NO X Examiner's 200. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18.) writing the word hief Medical Exam should Hit by a truck 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year (County) (State) foctory, street, office bldg , etc.) 57While Not while at work ot work Allegany, street Route #1 Md. 21. I certify that I took charge of the remains described above, held on Autopsy . Inspection 171, Inquiry X, and find that orwarded to the Chief FUNERAL DIRECTOR: deoth resulted from: Natural couses . Accident [7], Suicide], Homicide], Undetermined couse DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER Aug. 27. 1957 ASSISTANT MEDICAL EXAMINER [7] EXAMINER'S Benedict Skitarelic. M.D. DEPUTY MEDICAL EXAMINER Acting NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. MANE OF CENETERY OR CREMATORY 22d LOCATION (City, town, or county) REMOVAL (Specify) 0 8/30/57 Luth. Church RD Paw Paw. ADDRESS 23. FUNERAL DIRECTOR'S SIGNATUR 24a. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE VS. A15ME(5) Va DATE 5M 9755

should be

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

08065

Reg. Dist. No.

2. USUAL RESIDENCE (HOME) OF DECEASED

08062

PLACE OF DEATH

COLINITY

ATTENDING PHYSICIAN OR HOSPITAL: The law requires that The bottom copy may be retained by the hospital or attending physician.

INSTRUCTIONS

CERTIFICATE OF DEATH

	4001177	PART LAND	SIVIE	COUNTY	Tax Tax	
director,	CITY (If outside corporale limits, write RURAL	LENGTH OF STAY	CITY (If outside corp	orate limits, write RURAL a	ind give neerest town	
일 유	OR and give neerest town)	(in this place)	OR			
	"upharland	90,75	TOWN Internal	SAVAGE		
(·통	HOSPITAL OR		STREET		ve location)	
	INSTITUTION OR		/ ADDRESS	(11111111111111111111111111111111111111	,	
funeral funeral	STREET ADDRESS	, , 7	,			
Š	3. NAME OF (First)	(Middle)	(Lest)	4. DATE (Mor	nth) (Dey)	(Yeer)
-	DECEASED	(fensel	OF IMO		
2	(Type or Print) THIC THIDA	3.5 (3.33.5.5	CRECTED AND	DEATH A	11/t. 23	19 ·
by the		E. MARRIED. 8. DATE	OF BIRTH	9. AGE lest birthday	I IF I IMPOPED A MEAD	
×		WED, DIVORCED,	OF BIKIT	y. AGE IOST BITTINGBY	JF UNDER 1 YEAR	IF UNDER 24 HRS.
	(Speci	(ty) "	rien c o		Months Days	Hours Min.
2.		the state of the s	- 7 HI //	. 65 yrs.		
	10a, USUAL OCCUPATION (Giva kind of work done during most of working life, even N	IDB. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign country)		N OF WHAT
s completely filled itel transit permit.	Housewife				COUN	HRY?
在 [6]		Own Home	1 777.		17	1 . 1 .
> 8	13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME		
0 _						
2 E	JOSEPH CROUS		1	THA KIRRY		
는 한	15. WAS DECEASED EVER IN U. S. ARMED FORCEST	16. SOCIAL SECURITY NO.	17. INFORMANT &			· · · · · · · · · · · · · · · · · · ·
امشق	(Yes, no, or unk.) (W Yes, give war or dates of service	(a)	W. Land a. A	V	~ 1	
.io	Mr	h,o	- Kedrick Stra	saggest sightem	INT YOU	mas. Md
and ii		18. MEDICAL CE	RTIFICATION			RVAL STWEEN
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO	DEATH		1	ON!	SET, AND DEATH
		1	7:1		1 -2	6
as	" IMMEDIATE CAUSE (A)	arosechmic aci	Tic anenry	2726	41	Komm
hys usm	ANTECEDENT CAUSE(S) DUE TO		IJ			
F =	VILLECEDELL CYONE(3)	on terrolero	3-2		12	year,
le le	DISEASES OR CONDITIONS, IF ANY, (B)	action source				7-1-
	STATING UNDERLYING CAUSE LAST. DUE TO	100 1 -			,,,,,,,	
ed for	(C)	10h shills			5	Lx -1.
the attending	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					0
the att	TO THE DEATH BUT NOT RELATED TO THE					
0.0	DISEASE OR CONDITION CAUSING DEATH					
£ ø ∣	196. DATE OF OPERATION 196. MAJOR F	INDINGS OF OPERATION			20	D. AUTOPSY?
ᆵ비					YES	□ NO □
굨	218. ACCIDENT WAS UNDERLYING 1 216 PLA	CE (Home, farm, factory,	21c. WHERE DID INJURY OCC	ID 2 ICity on town)	(County)	(State)
2 0		Y street, office bldg., etc.)	THE WHERE DID HAJORI OCC	on a (City of town)	(County)	(State)
100	(IF EITHER, NOTIFY MEDICAL EXAMINER)					
	21d. TIME OF INJURY (Month) (Day) (Yeer) (Hor		21f. HOW DID INJURY OCC	UR?		
은		While Not while				
100	N	A. at work at work				
8 8	22. I hereby certify that I attended th	e deceased from 8 - 22	7 1937 10 8	· 25 10 %	7 shart last and	the deeper
0 0	www. : ::esemà constità liter i gualinagi li	TO GOCCOSOG HOME AND			, mar i last sav	w me deceased
2 5 1	alive on 8 23 - 19 3 /	, and that death occurred	at. Z	causes and on the	date stated abov	e.
5 € [SIGNATURE			RESS (Street, city, tow		ATTEMPTO
Triff of	/ Mx -	_	57/ X	1 /5 / "	1111	1 2/ -
ficate h ce 1.55	W/11/200	M.D.	/ Orkerse 0/	· Camelleilo	m I thist	5-64-11
certificate has been executed by th death certificate assumbly should be use 1.55 10m.	23. BUR.AL, CREMATION, DATE THEREOF	NAME OF CEMETERY O	R CREMATORY	LOCATION (City, tow	n, or county)	(State)
deat deat A15C	REMOVAL (SPECIFY)	E1 C+ 17	+ 1	1-1	1	****
\$ 0°0	1. Turial X-26-	2/10/10	Lacks .	Ind	AALA	no Tud
=	24) REC'D BY REGISTRAR REGISTRAR'S SIG	GNATURE	25. PUNERAL DIRECTOR'S	SIGNATURE	ADDRESS	V-1/1/1/1
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH 08063

F F o	e limita MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18
death. A	08063 CERTIFICATE OF DEATH
24 h	1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED
Hour proc.	COUNTY
executed v	HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Hospital 532 Greens St.
, n n n	3. NAME OF (First) (Middle) (Lest) 4. DATE (Month) (Day) (Yeer) [Type or Print) Johnson Meade Penson DEATH Aug. 28 19
artificate be	S. SEX 6. COLOR OR RACE 7 SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) 9. AGE lost birthday IF UNDER 1 YEAR IF UNDER 24 HR. Months Days Hours Min.
	10b. USUAL OCCUPATION (Give kind of work done during most of working life, evan If relired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stele or foreign country) 12. CITIZEN OF WHAT COUNTRY? 13. BIRTHPLACE (Stele or foreign country) 14. BIRTHPLACE (Stele or foreign country) 15. CITIZEN OF WHAT COUNTRY?
th led	13. FATHER'S NAME Panson (Deceased) 14. MOTHER'S MAIDEN NAME M
一 中语 品具音	15. WAS DECEASED EVER IN U. S. ARMED FORCES? [Yes, Jog on unk.] [If Yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMACT & ADDRESS Pt. 5 Ci. 11
9 = 5 = 0.0	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 18. MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH LL J
or atter the dephysion or uss	ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) Colodia - rescular - penul disease 7-13/2015 STATING UNDERLYING CAUSE LAST. DUE TO
the hose quires after demand	IS OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISTASE OR CONDITION CAUSING DEATH.
	196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO
	216. ACCIDENT WAS UNDERLYING 216. PLACE (Homa, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY streat, office bidg., atc.) 216. WHERE DID INJURY OCCUR? (City or.town) . (County) (State) (State) . (County) (State) . (County) . (State) . (County) . (Co
may be raid RECTOR: I RECTOR: I assembly at	M. af work af work \(\square\)
Cat of Spania	22. I hereby certify that I attended the deceased from 4-3 19.51, to 5-25 19.51, that I last saw the deceased alive on 5-25 19.51, and that death occurred at
ATTEND The bottom FUNERAL Bertificate h eatt certific	h. hours M.D. 57 areene St. Cumberland Hed 8-30-
O ATTEND The boftom The boftom FUNERA Certificate deall certi	23. AURIAL, CREMATION, DATE THEREOF NAMES OF CEMETERY OR CREMATORY LOCATION (City, Jown, or county) Diemoval (Specific August 1987) Response of the Company of the Compan
7 T ×	24 REC'D BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS (While 34) 957 W. Ross Cambo M. D. J. Jones Stein Inc. Cunt. M. &

BUREAU V. R.

15% & C.

BAISOS 1

Willia corporate duna MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 08064 Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) ? PLACE OF DEATH e. COUNTY b. COUNTY Allegany MARYLAND b. CITY OR TOWN (If outside corporate firmts, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Cumberland Life Cumberland d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS 515 Linden St. 515 Linden St. NAME OF **Einst** Middle DATE Month DECEASED (Type or print) DEATH William Dickerhoof car. Aug 5. SEX 6. COLOR OR RACE 9. AGE |In years IF UNDER TYEAR 7. MARRIED NEVER MARRIED . DATE OF BIRTH fort birthday) Months White Male DIVORCED | WIDOWED [7] |Sept.6.1883 yrs. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? Glass Worker Cumberland, Md. Glass 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME may Pages 1 age 5 m Catherine H. Rank Joseph L. Dickerhoof 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 16 9605 Mexican Bor Hazel Wilkinson. Cumberland 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: Coronary Occlusion IMMEDIATE CAUSE (a) 420,1 DUE TO Arteriosclerotic Cardiovasuular disease Conditions, if any, which) along gave rise to immediate cause DUE TO (o), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1.9. WAS AUTOPSY CERTIFICATION 200, EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. 206. DESCRIBE HOW INJURY OCCURRED. (Enfor nature of injury in Part 1 or Part 11 of item 18.) Month, Day, Year 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or fown) factory, street, affice bldg., etc.) White Not while d. m. at work at work p. m. 21. I certify that I taak charge of the remains described above, held an Autapsy ... Inspection X. Inquiry K, and find that cute the certificate, writterwarded the Chief by FUNERAL DIRECTOR: death resulted from: Natural causes Dan Accident 1, Suicide . Hamicide , Undetermined cause MEDICAL ACTUAL turelia MD CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER [7] Aug. **EXAMINER'S** NAME (Type) DEPUTY MEDICAL EXAMINER Renedict Skitarelic eting

22c. NAME OF CEMETERY OR CREMATORY

ADDRESS

Cumberland, Ma.

VS. A15ME(5) 5M 9755

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220. BURIAL, CREMATION,

uria

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

William H. Kight

22b. DATE THEREOF

26

Lukes Cemetery Cumberland. Md. 240-REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

22d. LOCATION (City, lown, or county)

(County)

24.

08069

. IS RESIDENCE ON A FARM?

YES NO

Year

IF UNDER 24 HRS.

Min.

9579

INTERVAL BETWEEN ONSET AND DEATH

30 Min.

PERFORMED? YES 🔲

DATE SIGNED

(State)

NO IX

(State)

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Day

USA

DEVESTIVE S. S.

BUREAU K. S.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08125 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. COUNTY g. STATE **b.** COUNTY Allegany Allegany Md. MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Tarke yrs d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 310 Pratt St 310 Pratt St. YES NO TO 3. NAME OF 4. DATE **Einst** Miridle Month Day Year DECEASED 1957 (Type or print) Edwin Clav Fisher DEATH Aug 9 AGE (In years 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED EUNDER TYFAR IF UNDER 24 HRS. 8. DATE OF BIRTH lost birthday! Months Haum Min. Male White WIDOWED [DIVORCED T 28. 1886 70 yes, 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Paper Mill West Virginia U.S.A. Foreman 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Millard Fisher Lulu Wilson 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address 216-07-9423A Mrs. E.C. Fisher-Luke. Md. 18. CAUSE OF DEATH | Enter only one cause per line for (o), (b), and (c). INTERVAL RETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Coronary Occlusion 20 min. IMMEDIATE CAUSE (o) **DUE TO** Arteriosclerotic Cardio-vascular disease Canditians, if any, which gove rise to immediate couse DUE TO (a), stating the underlying couse last. PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO K 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | 20c, TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or lown) (County) (Slole) factory, street, affice bldg., etc.) Ноиг Not white of work at work p. m Inspection K, Inquiry K, and find that 21. I certify that I took charge of the remains described above, held on Autopsy ... deoth resulted from: Notural couses 121, Accident , Suicide . Homicide . Undetermined couse . DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATUR ASSISTANT MEDICAL EXAMINER **EXAMINER'S** Benedict Skitarelic M.D. DEPUTY MEDICAL EXAMINER TO Acting NAME [Type] 220. BURIAL, CREMATION, 226. DATE THEREOS 22c. NAME OF CEMETERY OF CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) Westernport. Md. Burial

24a, REC'D BY REGISTRAR

246. REGISTRAR'S SIGNATURE

Philos Cemetery

Westernport, Md.

ADDRESS

VS. A15ME(5)

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23. FUNERAL DIRECTOR'S SIGNATURE

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urs after death. If any dei 1, 2, and 3 ta the funeral may be retained for yaur f

be executed within 24 hours of I in Item 18. Give Pages 1, 2 with farm PM3. Page 5 may

in pencil

pending" in iner's Office

hoate, writing the ward the Chief Medical Exam
DIRECTOR: Page 3 should

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.... PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED MARYLAND COUNTY (If outside corporate limits, write RURAL LENGTH OF STAY (If outside corporate limits, write RURAL and give nearest town) and give nearest town) (in this place) TOWN 1.9 TOWN days HOSPITAL OR STREET (Il rurel give location) INSTITUTION OR **ADDRESS** STREET ADDRESS BOX 773 3. NAME OF (First) (Middla) (Lost) DATE (Month) (Day) 4. (Year) DECEASED OF (Type or Print) DEATH 8-5-57 19 COLOR OR SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE last birthday JE UNDER 1 YEAR IF UNDER 24 HRS RACE WIDOWED, DIVORCED. (Specify) WID Months Days Hours Min. Cet 10a, USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country) CITIZEN OF WHAT dona during most of working life, even if OR INDUSTRY COUNTRY? Retired Bottling House Employee - Brewing T* € A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Company JOHN W. PATT PATHOR THE PLUBGLE 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS (Yes, no, or unk.) (If Yes, give wer or dates of service) PATTENTS CHART 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH IMMEDIATE CAUSE [A] DUE TO ANTECEDENT CAUSE(S) attending pl DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES F NO 218. ACCIDENT WAS UNDERLYING 21b. PLACE-(Home, Jarm, Jectory, OF INJURY street, office bldg., atc.) 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d, TIME OF INJURY (Month) (Day) (Year) (Hour) 21e .- INJURY OCCURRED -.211 HOW DID INJURY OCCUR? While Not while al work at work 22. I hereby certify that I attended the deceased from...... 19.1...., that I last saw the deceased certificate, and that death occurred at 3.30.M, from the causes and on the date stated above. alive on... SIGNATURE 10M death cei BURIAL CREMATION. NAME OF CEMETERY OR CREMATORY REMOVAL (SPECIFY) A15C DUVIA S REC'D BY REGISTRAR REGISTRAR'S SIGNATURE

BUREAU V. 2.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 hin corporate limits MEDICAL EXAMINER'S CERTIFICATE OF DEATH pecessary, please execremation, Reg. Dist. No. in. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) o. COUNTY Allegany o. STATE b. COUNTY Maryland Alle, any MARYLAND b. CITY OR TOWN III outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) and nive pentest found Cumberland. Cumberland. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS on A FARM? 643 Washington St., 643 Washington St. dira YES NO NO NAME OF Middle Year DECEASED (Type or print) Julia DEATH 22 Fowler Montfort August 1957 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH retoined for 2 with the r 9. AGE (In years IF UNDER 24 HRS. IF UNDER TYEAR Female White Days Hours Min. WIDOWED X July 28, 1883 DIVORCED [10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) puo Own home Fishkill Plains. N. Y. e Housewife 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Pages I poges Jeremiah D. Fowler Eliza Montfort IS WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address should be executed within 2 in pencil in Item 18. Give P e along with farm PM3. Pag a burial-transit permit, Fila None Miss. Lida Fowler Hopewell Jct. New York No. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Ostial Occlusion 30 Min. 420.1 DUE TO Coronary Ostial Sclerosis Conditions, if ony, which gove rise to immediate cause DUE TO (a), stoting the underlying couse lost. office o PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(p) 19 WAS AUTOPSY 50 CERTIFICATION PERFORMED? YES X NO [20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 38.) PRIMARY | or CONTRIBUTING | 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, form, 20d. INJURY OCCURRED i 20f. (City or town) (County) (Stote) factory, street, office bldg , etc.) o. m. Not while of work of work D. M. 21. I certify that I took charge of the remains described above, held an Autopsy [3], Inspection . Inquiry X, and find that death resulted from: Natural causes (A) Accident [7], Suicide . Homicide . Undetermined cause . tote, w DATE SIGNED ACTUAL August 23,1957 forwarded FUNERAL ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER NAME (Type) Benedict Skitarelic, M.D. 22c. NAME OF CEMETERY OR CREMATORY 220. BURIAL CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) 0 Burial Hopewell Cemetery Hopewell Jct. N. Y. 1951 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24onREC'D BY REGISTRAR 24b. REGISTRAR'S SIGNAPURE VS. ATSME(5) Charles L. George Cumberlana, Md. deta. 26, 5M 9/55

BUREAU V. S.

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death. Page

HOSPITAL

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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16 table 2	T. ST.	277.3 1			RTMENT OF HEALTI		08075
er ind	(00)		0806	8 CERTIF	ICATE OF DEATI	3	Reg. Dist. No.
eral director, be filed with	This .	1. PLACE OF DEATH o. COUNTY	ALLEGANY	MARYL	o STATE	here deceased lived. If institu B. COUNT	Hani Residence before admission) ALLEGANY
		B CITY OR TOWN RURAL end give CUMBERLAN		c. LENGTH OF STAY II		autside carporate limits, write	RURAL and give nearest town)
2 should	13	d NAME OF HOSP OR INSTITUTION	TAL (If not in haspital, give sti	reet address)	d STREET ADDRESS		o, is residence on a farm? YES ☐ NO 🂢
filled in ges I and		3 NAME OF DECEASED (Type or print)	First GEORGE	Middle EDWARD	Lost GRAHAME	4. DATE MC	UGUST 19, 1957
	. \	5. SEX		ARRIED NEVER MARRIED		9, AGE (In year last birthday)	FUNDER TYEAR IF UNDER 24 HRS
F # . (MALE	WHITE WID	OWED DIVORCED	☐ MARCH 8, 190	02 last birthday)	
d campletely n papers. Po	J.	100 USUAL OCCUPAT during most of we Custodian	ON (Give kind of work dane rking life, even if retired)	106. KIND OF BUSINESS OR Elks Lodge. F	INDUSTRY 11 BIRTHPLACE (Store	ar fareign country)	12. CITIZEN OF WHAT COUNTRY
5.8	5	13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	5	J.C.	GRAHAME		CECEL	IA MALLOY	
g physicia remove co	3	15 WAS DECEASED BY (Yes no. or unknown)	ER IN U.S. ARMED FORCES? (If yes, give wor or doles of service)	16 SOCIAL SECURITY NO	17. INFORMANT	Ad	ldress
ing Fere		No		290-10-3371	MEMORIAL HOSPI	TAL	
Hending please r			ATH [Enter only one couse p	er line for (a), (b), and (c).]	11/1/1/2		INTERVAL BETWEEN ONSET AND DEATH
on signed by the off sit permit. Then p	E		ATH WAS CAUSED BY IMMEDIATE CAUSE (a)	Jener	ayunu	mice	7 1
5y Fr		540.0	DUE TO	1. 1/27	1 -4 17	17-01	ALLED
ed or	<u> </u>	Canditions, if	immediate	sect 100	or Light	men	
isi per		cause (a), stating lying cause last	the under DUE TO	turage	unt Hell	18 strong	tibee
physici las bee ial-trar	0	PANY II. O	THER SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEA	TH BUT NOT RELATED TO THE TERM	INAL DISEASE CONDITIONS	IVEN IN PART (a) 19. WAS AUTOPSY PERFORMED?
ending ficate h			AS UNDERLYING 206 G CAUSE OF DEATH Y MEDICAL EXAMINER)	DESCRIBE HOW INJURY OC	CURRED. (Enter nature of injury in	Part I ar Part II of item 18)	
s certi		Haur a.m.	W	hile Not while	Oe PLACE OF INJURY (Hame, fare factory, street, affice bldg., etc.		(Caunty) (State)
声音	5		01	wark at wark	011 571	9111 810	-
Afre	j		hat I attended the dec	A-	7-1-19/10/	119/190	That I last saw the decease
₹ <u>#</u> 5	3	alive on	996	ond thay	death occurred ar 1733	_HM, from the causes ADDRESS (Street, sity or low)	and on the date stated above
by det		ACTUAL	10/	effelt	1 TAMA	Wilke.	0/ 1/20/
0 2 g	1	, ,	1	7	M.U [VIII Katalan	
oy be retain FUNERAL age 3 shaul		PHYSICIAN'S NAME (Type)	S. E. ENFIELD			•	
. 2 m co :	gr gr	220 BURIAL CREMATI	ON, 226. DATE THEREOF	27c. NAME OF CEME	TERY OR CREMATORY	22d. LOCATION (City fawn	ar county) (State)
Poge	U	REMOVAL (Specify Burial	Aug. 22, 19	57 Frostburg	Memorial Cemete	ry Frostburg	g, Maryland
		23. FUNERAL DIRECTO		ADDRESS			SISTRAR'S SIGNATURE
VS A15 (4) 15M 9/55	4	Durst Fune	ral Home, Fros	tburg, Maryla	ind. Obstal.	. 21,1957 a.	Ross ameron, a
					/	1/10	tina konentras

RUREAU V. S.

DIAMEDAND

ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed. The bottom copy may be retained by the hospital or attending physician.

NSTRUCTIONS

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

08076

08069 CERTIFICATE OF DEATH

Reg. Dist. No....

				* *
1. PLACE OF DEATH		2. USUAL RESIDEN	CE (HOME) OF DECE	ASED
COUNTY LT ATT	MARYLAND	STATE TANT	COUNTY	*T * *D *
CITY (If outside corporate limits, write RURAL	LENGTH OF STAY	CITY (If outside corpo	reta limits, write RURAL and gi	ve neeresi town]
OR and give neerest town]	(in this piece) -	OR CONTRACT		
	A TIPOTHICO	18	(Elleran)	
HOSPITAL OR INSTITUTION OR		STREET ADDRESS	(If rural give for	elion)
STREET ADDRESS SA 'B"D HEART	HOSPITAI,	2/13 (COT, I THE TA ST	
3. NAME OF (East)	(Middle)	(Last)	4. DATE (Month)	(Day) (Yaar)
(Type or Print)	7.7 (1.127F13.88.4	• T D	OF DEATH	1
5. SEX 6. COLOR OR 7. SINGLE, MARR	IJ. GREENW IED, 8. DATE			
RACE WIDOWED, DI	VORCED.	OF BIRTH		nths Days Hours Min.
Tele (Klipeds) Edit Martin	ED 1*	19-1882	75 yrs. """	Days Hours Main
	ND OF BUSINESS	11. BIRTHPLACE (Stata or forei	gn country)	12. CITIZEN OF WHAT
	MOUSTRY	T SPERMINENT PROPERTY AND		COUNTRY?
refired) Housekeeper at H	ome	14. MOTHER'S MAIDEN	aryland	USA
		14. MOTHER 3 MAIDER	MAME	
Will Weigand		, , , , , , , , , , , , , , , , , , , ,	ELLE DEXXXXX	Friese
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	S. SOCIAL SECURITY NO.	17. INFORMANT & A		111000
(Yes, n No unk.) (If Yes, give wer or dates of service)	None	HITISRAM		
	18. MEDICAL CE			INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	in wrother or		- Jan	ONSET AND DEATH
L & A HINEDIATE CALICE	stona	Ty unda	relen	2 hours
If I IMMEDIATE CAUSE (A)		1		
ANTECEDENT CAUSE(S) DUE TO				
DISEASES OR CONDITIONS, IF ANY, (B)				
STATING UNDERLYING CAUSE LAST. DUE TO				
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			·	
TO THE DEATH BUT NOT RELATED TO THE				
DISEASE OR CONDITION CAUSING DEATH.				
190. DATE OF OPERATION 196. MAJOR FINDINGS	OF OPERATION			20. AUTOPSY?
210. ACCIDENT WAS UNDERLYING [] 21b. PLACE (Hom	a form factory	21c. WHERE DID INJURY OCCU	12 (////	YES NO
OR CONTRIBUTING CAUSE OF DEATH OF BUJURY street,	office bldg., atc.)	Zic. WARRE DID INJURY OCCU	(1 (City of lown)	(County) (State)
	INJURY OCCURRED	21f. HOW DID INJURY OCCU	27	
M, at w			4	
22 I handhar gantifur that I attacked the la	and the Bill	14 10 57. //	a 141 - 5 1	
22. I hereby certify that I attended the dece	ased from Lagraniza	f 19 f 10 fd of the	Ff. J. 7. 19	hat I last saw the deceased
alive on Aug 14, 19 57, and	I that death occurred a			
SIGNATURE D	1.	/ '/-	RESS (Street, city, fown, ste	DATE SIGNED
111/10//2CUTERES	M.D.	Lumberlo		0/16/3
23. BURIAL, CREMATION, DATE THEREOF REMOVAL (SPECIFY)	NAME OF CEMETERY O	CREMATORY	LOCATION (City, town, or	county) (State,
Burial 8/17/57	St Tuless	7am a 4	Cumbonlan	3 12.3
240 REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	TOU.LUKES	Cemetery 25. FUNERAC DIRECTOR'S	Cumberland	ADDRESS
Mus 10 10 - 70/R 1/1	, 22	A		
18459. 17. 1957 EV 1000 1	mes on. Illik	H. Lee St	Leny Cumber	and Md

leting Registrar

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BUREAU V. 1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Within corporate limits MEDICAL EXAMINER'S CERTIFICATE OF DEATH ecessary, please exer-ir. Page 4 shauld be cremotian Reg. Dist. No. I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission o. COUNTY b. COUNTY Allegany Allegany MARYLAND Maryland 191 burial, b. CITY OR TOWN (If outside corporate firmit, write BUEAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give named towns and umberland Cumberland 7 Hrs. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS o, IS RES DENCE 471 Fort YES NO Sacred Heart Hospital Avenue 500 registrar NAME OF DECEASED Middle 4. DATE Year 3 to the funeral retained for your 2 with the registro (Type or print) DEATH SCUTT H... MOND August 19 57 JANES 9. AGE |In years 5. SEX 6. COLOR OR RACE 7. MARRIED THE NEVER MARRIED TO 8. DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS. Months Denvs Hours Min Aug. WIDOWED [DIVORCED | Male White 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? 2, and during most of working life, even if retired) þe McLaughlin Farm | McNeil . Jest Virginia HSA Lahorer Pages 1, 2, oge 5 may h 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME poges Homer Hammond Tina Cook 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 471 Fort Avenue File P.M.3. Po Cumberland, Maryland Mrs. Mary S. Hammond 213-12-9342 permit. INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). pencil in Item 18, alang with farm PM burial-transit permit PART I. DEATH WAS CAUSED BY: 6-8 hrs IMMEDIATE CAUSE (o) 331X DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (o), stoling the underlying cause last. pending" in iner's Office o PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY S CERTIFICATION PERFORMED? peso YES INO 20a, EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) PRIMARY Tor CONTRIBUTING CAUSE OF DEATH. Should 1 20d INJURY OCCURRED | 20e. PLACE OF INJURY (Horee, farm, 20c TIME OF INJURY Month, Day, Year 120f. (City or fown) (County) (State) factory, street, office bldg., etc.) Not while 0. m. ot work ot work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy [H. Inspection [H. Inquiry [H. and find that death resulted from: Notural causes . Accident ., Suicide ., Homicide ., Undetermined cause . the Chic DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER M.D. SIGNATURE farwarde TO FUNERALD ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER NAME (Type) 22g. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 72d. LOCATION (City, lawn, or county) REMOVAL (Specify) 8/13/57 Burial Hillcrest Burial Park Cumberland, Maryland 23. FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR VS. A15ME(S) John J. Hafer, Cumberland, Maryland 5M 9/55

BULLYN N. S.

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VS A15 (4) 15M 9/55

ARYLAND	STATE DEPARTMENT	OF HEALTH-	-BALTIMORE,	18	A
08115	CERTIFICATE	OF DEATH		Rea. Di	st. No.

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1. PLACE OF DEATH a COUNTY Allegany	MARYLAND	2 USUAL RESIDENCE (WHO O. STATE Md.	nere deceased lived	. If institution b. COUNTY	Residence before	odmission)
b CITY OR TOWN (If autside corporate limits, write RURAL and give nearest fown) HOS COTINDOT L	85 yrs	Vesternpor		nits, write RUR	AL and give near	est tawn)
d. NAME OF HOSPITAL (If not in haspital, give street of NSTITUTION 318 Philos Ave	oddress)	d. STREET ADDRESS 318 Philo	s Ave.	,	•	IS RESIDENCE ON A FARM? YES NO
3 NAME OF Pirst DECEASED (Type or print) Orang	Middle	Last	4. DATE OF DEATH	Month	Day	
	IED NEVER MARRIED	rison s pate of Birth Jen 10. 1872	9. AG		16 FUNDER I YEAR I Months Days	19 57 F UNDER 24 HRS Haurs Min.
100 USUAL OCCUPATION (Give kind of work done 10by during most of working life, even if retired) Manager		STRY 11 BIRTHPLACE (Stote Westernpo	or foreign country)		U.S.	WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN N				
Thomas Harrison	^		O'Haver			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO. 17 1	NFORMANT		Addres		
18. CAUSE OF DEATH [Enter only one cause per lin	20-16-5936	Mrs. Nannie 1	V. Simmon	s-West	ernport,	Md.
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Lace of the couse (b) Conditions, if ony, which gave rise to immediate cause (a), stating the under- lying cause last. Part II. OTHER SIGNIFICANT CONDITIONS C	Arterio-sc					WAS ALTOPSY PERFORMED?
OR CONTRIBUTING COAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Part I or Port II of	item 18.)	1	пъ по го
20c. TIME OF INJURY Month, Day, Year 20d. In While of warf	Not white for	ACE OF INJURY (Hame, form clary, street, affice bldg , etc	20f. (City or tax	vn)	(County)	(State)
21. I certify that I attended the decease alive an AUG. 15. 19.3 ACTUAL SIGNATURE FALL AND ACTUAL		accurred at 8:40/		causes and	d on the date	
NAME (Type)			******		÷ + +	
220. BLRIAL, CREMATION, REMOVAL (Specify) 8819/57	22c. NAME OF CEMETERY O		22d LOCATION (City, town or rnport	caunty)	(Stote) Md.
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		D BY REGISTRAR	246 REGISTI	RAR'S SIGNATURE	101
	Westernport,	Md. DATE	-19-51	1		ya.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08127 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 4 should be cremation Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) o. COUNTY Allegany o. STATE b. COUNTY MD. Baltimore MARYLAND buriol, b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lonaconing Baltimore d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) . IS RESIDENCE d. STREET ADDRESS Water Station Run YES | NO # NAME OF 4. DATE Middle Manth Day Year be retoined for your DECEASED william Jeffrey (Type or print) DEATH 12th. Aug. 1957 19 5. SEX 6. COLOR OR RACE 9. AGE In years 7. MARRIED T NEVER MARRIED 1 8. DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS. the state of icar birthday) White Months Male Hours 1887 WIDOWED [7] ·Ian. DIVORCED | 2 #E# 10a. USUAL OCCUPATION [Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY [1], BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of wasking life, even if satired) Ċ puo Salesman Scotland ond U. S. A. HOY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Loges 1, Daniel Jeffrey poges Elizabeth Stewart Page 5 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Mrs. Julius Wattenschaidt. Sister P.M.3. lonaconing, permit. INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). ONSET AND DEATH in pencil in Item 18. ice olong with form 8 s o buriol-Immsit per PART I. DEATH WAS CAUSED BY: 8-0 IMMEDIATE CAUSE (a) **DUE TO** Conditions, if ony, which pave rise to immediate cause DUE TO (a), stoting the underlying couse lost. pending in iner's Office o PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19 ő WAS AUTOPSY PERFORMED? 0 YES 🗍 NO X 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part It of Item 18.) PRIMARY OF CONTRIBUTING TO te, writing the ward 'p Chief Medical Examina CTOR: Page 3 should be 20s. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (Slote) factory, street, affice bldg., etc.) Hour Not while o. m. of work of work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy 17. Inspection XI. Inquiry . and find that the Chief / death resulted from: Natural causes 🔀, Accident . Suicide . Homicide . Undetermined cause DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER forworded FUNERAL **EXAMINER'S** NAME (Type) DEPUTY MEDICAL EXAMINER 4 aclin 220. BURIAL, CREMATION, NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, for county) (Stote) Oak Hill Cemetery Lonaconing. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. RECID BY REGISTRAR 246 REGISTRAR'S SIGNATURE

LONACON ING. MD.

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Vs. A15ME(5) 5M 9/55

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EXAMINER: This

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DECENTED

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úę.	1. [LACE OF DEATH	LEGANY		MARYLAND	2. USUAL RES	ARYLAN	ore decease	d lived. If instituti b. COUNTY		e before od	nission)
ē f		RURAL and give to CUMBE		ts write c. LEN	GTH OF STAY IN 16	c CITY OF		viside corpo TBURG	rate limits, write R	URAL and g	ive nearest t	own)
		OR INSTITUTION	MEMORITAL HOLL	SPITAL		d STREET	ADDRESS WEST M	AIN S	TREET) OI	RESIDENCE N A FARM? NO 📉
		NAME OF DECEASED Type or print)	Fir	LAURA	Middle LESLIE	JENK	INS	4. DATE OF DEATH	Mon AU(# SUST	Doy 7	Year 19 57
	5. 3	FEMALE	6. COLOR OR RACE	7. MARRIED [DIVORCED	B DATE OF BIR		3	9. AGE (In years lost legithday) yes	77.	Doys Hou	NDER 24 HRS
1	100	USUAL OCCUPATE during most of wo	ON (Give kind of work or rking life, even if retired)	None None			erland			12 CITI	ZEN OF WE	AT COUNTRY?
1	13.	FATHER'S NAME	JONATHAN JE			14. MOTHER	S MAIDEN N	AME				
		NO DECEASED EV	ER IN U. S. ARMED FOR (If yet, give war or dates of to			INFORMANT emorial	Hospit		wmberl and		yland	
1		1B. CAUSE OF DE	ATH [Enter only one co ATH WAS CAUSED BY IMMEDIATE CAUSE (o	76118). (b) and (c)]	along C	Tack	eire	<u> </u>		INTERVAL ONSET A	BETWEEN ND DEATH
ony even		Conditions, if	DUE TO		E Veries	dame	99,10	7			7	This.
0		gove rise to couse (a), stating lying couse last.		acu	le Veraj	o On	emos	nites			10	m-
	CERTIFICATION	PART II OT	HER SIGNIFICANT CON	DITIONS CONTRIB	UTING TO DEATH BU	IT NOT RELATED T	O THE TERMII	NAL DISEAS	E CONDITION GIV	'EN IN PARI	PE	AS AUTOPSY REORMED?
o 16	CERTIF	OR CONTRIBUTING	AS UNDERLYING GOOD CAUSE OF DEATH MEDICAL EXAMINER)	206 DESCRIBE H	OW INJURY OCCURR	ED, (Enter noture	of injury in P	ort i ar Por	t tt of item 18.)			
	MEDICA.	20c. TIME OF INJU Hove o.m. p.m.	RY Month, Doy, Yes	While No	OCCURRED 20e. P	LACE OF INJURY octory, street, off	(Home, form, ice bldg , etc.	20f (City	y or town)	(C	ounty)	(Stote)
prior to benot, cr		actual SIGNATURE	hot lattended the aug of	deceosed fro	m 8-7, and that deat	, 19 <u>-5</u> h occurred o		5MAMor ADDRESS (S	n the couses of	ond on th	ne date st	he deceased ated obove DATE SIGNED
he registror	220		iarold W. El		I.D.	OP CREMATORY		224 LOCA	TION (City, town,	or county)		State)
2 2 2 2	E	REMOVAL (Specify	Aug. 10,	1957 8	Sedalia Cer		la esc	Seda	alia, Mis	souri	· ·	nore;
			ral Home, Fr			•	Sant C	EY REGIST	- 711 6	strar's sic	amer	ow. M.
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BUREAU V. S.

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death. Page

certificate

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. S.

NECEDAED AND SELECTION OF THE SECTION OF THE SECTIO

TO FUNERAL page 3 shau the registrar

VS A15 (4) 15M 9/55

08084

e. IS RESIDENCE ON A FARM?

YES NO

Year

19

Hours

12. CITIZEN OF WHAT COUNTRY?

Allegany

Day

1957

Days

-			Oza -mprojed			DA .
١,	FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	
		Unknown		Unknown		
Int	WAS DECEASED EN	ER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	Address	
V	О			ars. sobert	Hobell, Cumberland	. id.
	18. CAUSE OF DE	ATH [Enter only one cause pe	r line for (a), (b), and (c).]			INTERVAL BETWEEN
	PART I. DE		(animate	Thomas base' -	Das yearing a Cleut	ONSET AND DEATH
1	1.	Unknown Address Add				
	Canditions, if	any, which)	Comma.	Curbon Dis	Some O 1 - Chilingie	
		immediate (Cultura	2	2 V	
	lying couse lost	The Under-	arrigosky	into Cierden V	Benla Listaia	
	PART II. O	THER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TER	MINAL DISEASE CONDITION GIVEN IN PA	
	20a ACCIDENT W	AS UNDERLYING [] 205. C	PESCRIBE HOW INJURY OCC	URRED. (Enter nature of injury i	in Part I or Part II of item 18.)	
	(IF EITHER, NOTIF	Y MEDICAL EXAMINER)				
,			I. INJURY OCCURRED 20	e. PLACE OF INJURY (Home, fo	srm. 20f (City or town)	(County) (State)
	Hour a. ji.	10 177	ile Not while	fectory, street, office bldg.,	etc.)	
				1054	106 '44	
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	alive du		and that'de	eath occurred at 1:1		
	ACTUAL	of the land he	Janes W. Vi T	133/10	Total Se Acids See Acids	1 14 V MILET
	SIGNATURE	The Assessment Live	CHARLES JIJACO	A.D. 100 UITL	Michael Thursday	4,40.0/47P/
	PHYSICIAN'S NAME (Typo)	G. Iverton H	immelwri ht	· ·	·	' /
<u>ا</u>				DV OD CDENATORY	224 LOCATION (City Assets)	
	REMOVAL (Specific	v) []				
	John J	Hafon Cumban			21 1913 11 Para	Parchau Mis
-	gonn o.	arer, cumper	rand, barry lai	na. (Pros	-19,175/1000	Jameron, Mil
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OBVECE V. S. V. S. V. S. V. S. V. S. V. DASAON

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Reg. Dist. No. HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission a. COUNTY **B. COUNTY** Allegany Mary Land MARYLAND Allegany b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) and give negrest town) your d, of 1 Cumberland Cumberland 56 vrs. d. NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS ON FEARMS 11 Race Street Sacred Heart Hospital YES NO IX 3. NAME OF 4. DATE Middle DECEASED 1957 28 King DEATH AUgust (Type or print) John Thomas IFUNDER TYEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8 DATE OF BIRTH 9 AGE pin years Months Days WIDOWED TO D.VORCED Male 10g. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) Page ! 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if ref'red) USA 21 Bridge, Md. Railroad Machinist 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Margaret Tierney Patrick King 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Paul Yarnall. Cumberland, Md. Mrs. Wm. Sudden 18. CAUSE OF DEATH | Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion 420.1 DUE TO Arteriosclerotic Cardiovascular disease Canditions, if ony, which gove rise to immediate cause **DUE TO** (a), stating the underlying cause lost. PART II. OTHER SIGN. FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 17, WAS AUTOPSY 200. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of Item 18.) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 120f. (City or fown) 20c. TIME OF INJURY Month, Day, Year (County) (State) factory, street, office bldg., etc.) at work at wark 21. I certify that I took charge of the remains described above, held an Autopsy [7], Inspection [7], Inquiry [7] opinion death resulted from: Natural causes 😿 . Accident 🗍 . Suicide 🧻 . Homicide 🧻 . Undetermined monner DATE SIGNED ACTUAL Retarelies M.D. CHIEF MEDICAL EXAMINER SIGNATURE August 28,1957 ASSISTANT MEDICAL EXAMINER [7] **EXAMINER'S** Benedict Skitarelic, M.D. DEPUTY MEDICAL EXAMINER N ACTING NAME (Type) 22g. BURIAL, CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) St. Patrick'sCemetery Burial Cumberland. Md. 23 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** James F. Scarpelli, Cumberland, Md.

BUREAU V. S.

AUG 30 1957

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corpora	e l	mur 080	75 MARTLAN	D STATE DEPARTM	ATE OF DEAT		KE, 18		0808
			GES & MOULD	CERTIFICA	ATE OF DEAT		Reg. Di	st. No.	4
23	1, B	COUNTY ALLE	GANY	MARYLAND	2. USUAL RESIDENCE (W		f institutioni Residen COUNTY	ce before d	odmission)
	ŀ	CUMBER	If outside corporate limits, write parent town) LAND,	3 DAYS	c. CITY OR TOWN (IF	outside corporate limits	write RURAL and	give neares	t town}
	,	OR INSTITUTION	TAL (If not in hospitol, give structured to the	eel oddress)	d STREET ADDRESS				S RESIDENCE ON A FARM? ES NO
	i	IAME OF DECEASED Type or print)	First BABY	Middle K	I SAMORE	4. DATE OF DEATH	Month AUGUST 2	Doy	Year 19 57
	5. 5	EX FEMALE	A SULL A STORE	ARRIED NEVER MARRIED NOWED DIVORCED	AUGUST , I	957 9 AGE (In years IF UNDER rihday) Months yrs		UNDER 24 HRS.
/	10a	USUAL OCCUPATION during most of wor	ON (Give kind of work done 1 king life, even if retired)	06 KIND OF BUSINESS OR INDU	ISTRY 11, BIRTHPLACE (SION CUMBERL	or foreign country) AND, MARYL		U.S.	VHAT COUNTR
1	13	ASA KI	SAMORE		14 MOTHER'S MAIDEN CLODA B	NAME BELL WHETZE	L		
ン,	15 Yes	WAS DECEASED EVI	ER IN U. S. ARMED FORCES? [It yes, give wor or dates of service]		MEMORIAL HOSP	TTAL - CUM	BERLAND,	MD.	
			ATH [Enter only one cause pe	c line for (a), (b), and (a)]	2 711041	Our no	?	INTERV	AL BETWEEN AND DEATH
		7/15	IMMEDIATE CAUSE (o)	A Comment	1	~ -c/c			
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	L CERTIFI	20a ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING (1) G (1) CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRI	ED. (Enter nature of injury in	Part I or Part II of iter	n lB)		
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		21. I certify t	hat I altended the dece		\$, 193/, to		1955_Jhat 1		
		alive on	DA AD	20, and that death	occurred at 1:10	/	or town, italiey	he date	Stated abo
		PHYSICIAN'S	W D W	7	, M.D.				
	220	BURIAL, CREMATIC		23 M. D.	DR, CIFE/RATORY -	228 LOCATION C	אילריישא וצי נמיינו ע	a live	uttera.
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY Allegany MARYLAND Allegany b. CITY OR TOWN (If pulside corporate limits, write RURAL C. TENGTH OF STAY IN TH c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Erostburg Frostburg d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e, IS RESIDENCE First Street 210 W. First Street YES NO T NAME OF Middle DATE Year -DECEASED (Type or print) Charles Kurtz DEATH 8 19 567 S. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. last birthday) Months Hours 74 yn. WIDOWED IT DIVORCED [7] t-I7-I883 3 to Mala 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Retired U. S. A. Farmer Adison. Pa. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Amos Kuttz Anna Davis 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 225-09-8TOLROY Kurtz LaVale, Md. Son 18. CAUSE OF DEATH | Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Pulmonary Hemorrhage 30 **DUE TO** Erosion of Anthracotic Lymph node in Conditions, if any, which gove rise to immediate couse bronchus DUE TO (o), stoting the underlying couse lost. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO [20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) PRIMARY | or CONTRIBUTING CAUSE OF DEATH. 20c TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, form, 20d. INJURY OCCURRED 20f. (City or fown) (County) (Stote) factory, street, office bldg., etc.) Not while at work of work 21. I certify that I took charge of the remains described above, held an Autopsy 🔀, Inspection X, Inquiry X, and find that death resulted from: Natural causes Accident | Suicide , Homicide , Undetermined cause The Cl DATE SIGNED **ACTUAL** CHIEF MEDICAL EXAMINER SIGNATURE August 15, 1957 ASSISTANT MEDICAL EXAMINER [FUNERAL **EXAMINER'S** Benedict Skitarelic, M.D. DEPUTY MEDICAL EXAMINER NAME (Type) Acting 22c. NAME OF CEMETERY OR CREMATORY 220. BURIAL CREMATION. 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Burisl 8-I7-T957 Grantsville Camatary Grantsville 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE VS A15ME(S) 5M 9/55

BUREAU V. C

DECENTED TO

Within corporate limits MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH cremotian 08076 necessary, please exe Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission B. COUNTY D. STATE Ma b. COUNTY Allegany Allegany MARYLAND b. CITY OR TOWN (If publide corporate limits, write BURA) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town) Cumberland Barton d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE prior ON A FARM? Broadway delay is and dire Memorial Hospital YES NOWTH registrar offer death. If any dela 2, and 3 to the funeral d r be retained for your fi and 2 with the registrar 3 NAME OF Middle 4. DATE Month Year -DECEASED William OF DEATH Meek Kvle Type or print! Aug. 19 6. COLOR OR RACE 7. MARRIED M NEVER MARRIED B. DATE OF SIRTH 5. SEX 9. AGE (In years IF UNDER TYFAR IF UNDER 24 HRS. Months WIDOWED | DIVORCED [7] male white 10a, USUAL OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or fareign country) on USUAL OCCUPATION TO THE PROPERTY ALL Legany 12. CITIZEN OF WHAT COUNTRY? Co. SylvanRetreat. Lonaconing, Md. 2, ond U.S.A. Duo may 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 24 haurs of Pages 1, 5 age 5 may podes Frank Kyle A nna Meek 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address P. Give I (wife) Laura Kyle, Barton, Md. no permit. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Exsanguination 24 hrs. n pencil in Item s alang with for a burial-tronsit p **OUE TO** Hemorrhage from peptic ulcer. E Conditions, if any, which gove rise to immediate cause **DUE TO** (o), sloting the underlying couse lest. word "pending" in all Examiner's Office a PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART HOLLY WAS AUTOPSY PERFORMED? YES TH NO T 20a, EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20s. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) ef Medical I Hour p. m. factory, street, office bldg., etc.) of work of work p. m. 21. I certify that I taak charge of the remains described above, held an Autapsy | **| Inspection 图, Inquiry 图, and find that death resulted from: Natural causes 17, Accident . Suicide . Hamicide . Undetermined cause Pe Chi ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE forwarder FUNERAL ASSISTANT MEDICAL EXAMINER DEPUTY EXAMINER'S H. V. Deming M.D. DEPUTY MEDICAL EXAMINER AND 22a, BURIAL, CREMATION, 22b, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) 0 Burial Mountain View Cemetery Barton, Maryland. Aug. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) Boal's Funeral Home. Westernport. Maryland. SM 9/55 3 miles

BUREAU V. E.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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MEDICAL EXAMINER'S CERTIFICATE OF DEATH 08077 Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) PLACE OF DEATH a. COUNTY Allegany b. COUNTY a. STATE Md. Allegany MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest lawn) Cumberland Rural -Westernport d. STREET ADDRESS e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ON A FARM? R.D. 3 Memberal VASDI YES I NO 50 2 NAME OF 4. DATE First Lost Manth Day Year DECEASED DEATH (Type or print) 19 57 David Clinton Lough Amomst. 9. AGE (In years IFUNDER TYEAR IF UNDER 24 HRS. 5. SFX 6. COLOR OR RACE 7- MARRIED TO NEVER MARRIED TO B. DATE OF BIRTH Months Mala White Mar. 29, 1884 WIDOWED IT DIVORCED PA 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) ond Self-employed W. Va. U.S.A. a de Uarpenter 1, 2, moy.b 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George Lough not known Pages 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (If you, give war or dates of service) Watter Walter Lough-Westernport, Md. no INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY Cardiac Failure 6hrs. IMMEDIATE CAUSE (a) DUE TO Arteriosclerotic Cardiovascular Disease Canditlans, if ony, which) burial gave rise to immediate cause DUE TO (a), stating the underlying cause last. pending in iner's Office of PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CATION PERFORMED? YES | NO IX 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | writing the ward "I lief Medical Examin 1R: Page 3 should b 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year (Stote) 20f. (City or lown) (County) factory, street, office bldg., etc.) Nat while at work at work 21. I certify that I took charge of the remains described above, held an Autopsy [7], Inspection [7], Inquiry [7], and find that death resulted from: Natural couses 🔀 Accident 🔲, Suicide 🗍, Hamicide 🧻, Undetermined cause 🗍. icate, with the Chie DATE SIGNED ACTUAL August 18,1957 ASSISTANT MEDICAL EXAMINER **EXAMINER'S** Benedict Skitarelic . M.D. DEPUTY MEDICAL EXAMINER A Acting orwords NAME (Type) 220 BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) 20. 1957 O Maysville Cem Maysville. W. Va. **ADDRESS** 23. FUNERAL DIRECTOR'S SIGNATURE 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) Westernport. Md. 5M 9/55 ling Klaists

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. R.

MINE ELL VEIL

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 08078 Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, - If institution, Residence before admiss on . COUNTY **b.** COUNTY O. STATE Allegany Allegany MARYLAND b. CITY OR TOWN (If outside corporate limits, write #URAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Cumberland days d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Lerorial Mosmital 500 Kingsley St. YES NO K NAME OF First DATE Year DECEASED OF Georgia Hazel Luteman (Type or print) Aug. 19 6. COLOR OR RACE 7. MARRIED W NEVER MARRIED 1 8. DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS. 9. AGE (In years Months white WIDOWED [DIVORCED [7] 10a, USUAL OCCUPATION [Give kind of work done] 10b. KIND OF BUSINESS OR INDUSTRY 13. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Vet. of F. V. Lonaconing . Id. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Dean Hazel Hamilton 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT 9-14-7066(son) Joseph R. Lute an. Cumberland. I'd. INTERVAL BETWEEN 3 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] day PART I. DEATH WAS CAUSED BY Chronic glomerulonephritis IMMEDIATE CAUSE (a) arteriosclerosis (marked) also had-DUE TO Fractured 6,7,8,9th.ribs left side, fractured Conditions, if ony, which left wrist and gave rise to immediate cause CONTURE C DUE TO auto accident (a), stating the underlying davs. couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? Auto accident not a contributing cause of death. YES NO a shall 20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Part II of item 18.) Son lost control of car & it hit a tree while lighti 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, While Not while // foctory, street, office bldg., etc.) 20c. TIME OF INJURY Month, Day, Year Not while of work of work of Hatanil Circle st Fairen Allegany 21. I certify that I took charge of the remains described above, held on Autopsy 14. Inspection 15. Inquiry 13. and find that death resulted from: Notural couses 💢 Accident 🗍, Suicide 🦳 Homicide 🗍, Undetermined couse 🧻 DATE SIGNED **ACTUAL** CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER forworder TO FUNERA EXAMINER'S NAME (Type) H.V.Deming DEPUTY MEDICAL EXAMINER IT AUG. 9-1957 22c. NAME OF CEMETERY OF CREMATORY 220. BURIAL, CREMATION, 22b, DATE THEREOF 240, REC'D BY REGISTRAR 24b. REG VS. A15ME(5) 5M 9/55

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BUREAU V. S.

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Pd = 2			3. 1	NAME OF DECEASED	Fic	sł .	Mic	idie	Lo	ast .	4. DATE	Mor		Day	Year
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ing te p	E		CERTIF	20a. ACCIDENT W.	AS UNDERLYING [] G [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJUR	Y OCCURRE). (Enter noture	of injury in P	art I or Part II	of item 18.)			
MAN tend ifico	ě			(IF EITHER, NOTIFY	MEDICAL EXAMINER)										
YSIC or of cert	5		DICAL	20c, TIME OF INJUI	RY Month, Day, Ye	20d. It While	UURY OCCURRED Not while	20e. PL	ACE OF INJURY	(Home, form,	20f (City or	town)	{C	ounly)	(State)
포트	E C		MEDI	p. m.	19	of wor	k ot work				']				
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E - 0 - 0	0			ACTUAL (171	*	- 1		10		ADDRESS Sire	t, city or town,	state)	1 0	DATE SIGNED
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HOSPII	egis.		220	BURIAL CREMATIC	N. 225. DATE THEREC)F	22c. NAME OF C	EMETERY O	R CREMATORY		22d. LOCATIO	N (City, town,	of county)	151	ote)
HO HO	- Pe			REMOVAL Specify Burial	8/19/57			-	emetery		_	land,	3		
2 2	1	r	23.	FUNERAL DIRECTOR			ADDRESS			2407 REC'D	BY REGISTRA	R 24b. REGI	STRAR'S SIG	NATURE	
VS A15 (4) 15M 9/55	E. A. A.			John J. I	lafer, Cu	mber]	land, Mar	rylan	d	Sport 1	20,191	7 711.1	120 G	ameri	W.M.F
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DECENARIO

Wathington, and limite MEDICAL EXAMINER'S CERTIFICATE OF DEATH 08081 FOR STATE Reg. Dist. No. HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) e. COUNTY Page b. COUNTY MARYLAND b. CITY OR TOWN c LENGTH OF STAY IN 16 write RURAL OR INSTITUTION (If not in hospita, give street address) ON A LARM? YES NO IN Store NAME OF Middle DATE DECEASED (Type or print) DEATH 19 3 5 may be 1 2 with the 9. AGE IN MOOR 5. SEX 6 COLOR OR RACE IF UNDER TYPAR AF UNDER 24 MG 5 MARRIED NEVER MARRIED 8 DATE OF BIRTH Months WIDOWED [DIVORCED [7] 100. USUAL OCCUPATION (G ve kind of work done 10b. KIND OF BUSINESS OR INDUSTIGUENT MANY OF BUSINESS OR INDUSTICUENT MANY OF BUSINES 12. CITIZEN OF WHAT COUNTRY? Page Leusewe 13. EATHER'S NAME 14 MOTHER FQ.3 DECEASED EVER IN U. S. ARMED FORCES? 136, SOC AL SECURITY NO. 17. INFORMAL 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Pulmonary edema 3days IMMEDIATE CAUSE (a) burial-transit Office DUÉ TO Canditians, if any, which Arterioscleratic Cardiovascular disease gave rise to immediate cause **DUE TO** pending in cal Examiner (a), stoting the underlying cause fast 0 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 17. WAS AUTOPSY ased -PERFORMED? Fracture of right neck of femur

20b DESCRIBE HOW NJURY OCCURRED (Enter noture of injury in Port I or Part II of Item 18) 200. EXTERNAL CAUSE WAS
PRIMARY OF OF DEATH. Me pino Patient fell at home 20d INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 120f (City or fown) 20c. TIME OF INJURY (County) (Stote) factory, street, office bldg., etc.) While at work 🔲 at work 🗜 Cumberland. 21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry and in my opinion death resulted from: Natural causes . Accident ..., Suicide , Homicide , Undetermined monner DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER Aug. 30, 1957 SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** FUNER! DEPUTY MEDICAL EXAM NER Benedict Skitarelic. M.M. NAME (Type) Acting 220 BURNAL CREMATION, 22b DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (Cite, lown (Sigle) 23 FUNERAL DIRECTOR S SIGN ADDRESS 24g/REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE VS. A15ME 584 2757

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ADDRESS

Frostburg

23. FUNERAL DIRECTOR'S SIGNATURE

Durst

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08097

Reg. Dist. No 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) b. COUNTY Allegany c CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) e. IS RESIDENCE ON A FARM? YES NO F Day Year Aug. 19 IF UNDER I YEAR IF UNDER 24 HRS 9. AGE (In years lost birthdoy) Months Davi 12. CITIZEN OF WHAT COUNTRY? Address rosthurg INTERVAL BETWEEN ONSET AND DEATH YES NO DE (County) (State) that I last saw the deceased M, fram the couses and on the date stated above. ADDRESS (Street, city or town, state). Frosthur 22d. LOCATION (City, town, or county) Frostburg 246 REGISTRAR'S SIGNATURE

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BUREAU V. B.

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BUREAU V. E.

BULLAU V. R.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

08100

CERTIFICATE OF DEATH

		2. USUAL RESIDENCE (HOME) OF DECEASED									
COUNTY Allegany	MARYLAND	STATE Mar	yland county	Allegany							
CITY (if outside corporate fimits, write RURAL OR and give necest town)	LENGTH OF STAY (in this place)		corporete limits, write RURAL ex)						
TOWN Cumberland	9 days		mberland								
HOSPITAL OR INSTITUTION OR		STREET / ADDRESS	(il tural giv	e location)							
STREET ADDRESS Sacred Heart Hosp		648 N. Mechanic St.									
3. NAME OF (First)	(Middle)	(Lest)	4. DATE (Mon		(Yaar)						
(Type or Print) Franklin M		Miller	DEATHAU	j. (4,	19)7						
5. SEX 6. COLOR OR 7. SINGLE, MAR WIDOWED, D (Specify) Ma	RRIED, 8. DATE DIVORCED, 71ed 3/2	OF BIRTH 26/07	9. AGE lest birthday 50 yrs.	Months Deys	IF UNDER 24 HR						
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Caretaker	Stage Armory	11. BIRTHPLACE (Slete or Cumberland	foreign country) Maryland	12. CITIZ COU USA	EN OF WHAT						
13. FATHER'S NAME		14. MOTHER'S MAI	DEN NAME								
Clarence Miller (Decease	ed)	Amelia Re	ichart								
	16. SOCIAL SECURITY NO.	17, INFORMANT	& ADDRESS								
(1005) INCOLUMNATION (ILL 1005) OF SOLAICO	17-10-7875	Pts.	chapt								
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH											
Pariti											
5.50 I IMMEDIATE CAUSE (A) 127 TOTALLO											
DISEASES OR CONDITIONS, IF ANY, (B) Australia Janguerresus appendix											
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(C) 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	V	/									
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.											
190. DATE OF OPERATION - 7 195 MAJOR FINDING		(1)	/		O., AUTOPSY?						
15 Chen 5/1 Nuptur	ed Garges	were Up	CCHP? (City or town)		NO [
21a. ACCIDENT WAS UNDERLYING 21b./PLACE [Home, farm, fectify, /] 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State) OR CONTRIBUTING 2 CAUSE OF DEATH OF MAJURY street, office 16da, feet.)											
OK CONTRIBUTING LI CAUSE OF DEATH OF MUSURY STreet	ma from factority /1 1	21c. WHERE DID INJURY O	ccont (city of town)								
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Acting Registrar

ATTEND G HISICIAN OF HOSTITAL: The law requires that the destruction copy may be retained by the hospital or attending physician. INSTRUCTIONS

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BUREAU V. S.

DECEINED.

BILLEVIN V. S.

MARIONA

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Year

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Reg. Dist. No.

Allegany

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Days

U.S.A.

Months

IF UNDER TYEAR IF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY?

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Westernpo	ort, Md. DATE	117/57 Xam	relle	- on Hoal
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VS. A15ME(5)

23. FUNERAL DIRECTOR'S-SIGNATURE

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A .V UABIUE

OPACED A STORY

BUREAU V. S.

AUG 15 193

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Within corporate limba 08089 **CERTIFICATE OF DEATH** Rea. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. Il institution: Residence before admission) n. COUNTY Allegany Maryland b. COUNTY Allegany MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give negret lown) -Cumberland P d. NAME OF HOSPITAL (If not in hospital, give street address) STREET ADDRESS e IS RESIDENCE OR INSTITUTION ON A FARMS 534 Valley Street 534 Valley Street YES NO M 3. NAME OF 4. DATE Middle DECEASED Daniel Marcellus August (Type or print) 5. SEX 6 COLOR OR RACE 7 MARRIED FT NEVER MARRIED T 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH lost birthday) Male White March 30 1891 Days Hours Min. DIVORCED | WIDOWED | 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Pipe Fitter Celanese Corp Cumberland USA ofter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Thomas Mullan Anna Carlos 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address -10-7068 Mrs. Clara Mullan, Cumberland. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which gove rise to immediate **DUE TO** caese (a), stating the underlying couse lost. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART, I(o) 19 WAS AUTOPSY PERFORMED? YES INO I 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part II or Part III of item 18.) 20c. TIME OF INJURY Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) o. m. While Not while p. m. ot work ot work 21. I certify that I attended the deceased from Lithat I last saw the deceased alive on and that death accurred M. fram the causes and an the date stated above. ADDRESS (Street, city or lown, state) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) FUNERA 220 BURIAL CREMATION 22b. DATE THEREOF 22d LOCATION (City, lown, or county) 22c. NAME OF CEMÉTERY OR CREMATORY (Stote) page Peter & Paul Cem Cumberland Md. 0 23. FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE 240 REC'D BY REGISTRAR William H. Cumberland. Md VS A15 (4) 15M 9/5S

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ATTENT OF MAYSICIAM OR MOSPITAL! The law requires that the death certificate be The bottom popy may be retained by the hospital or attending physician. RSTRUCTIONS

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requires that the death certificate be

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

BUREAU K. S.

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DEALENVER

Within 24 hours after death,

ATTENT OF PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed the physician.

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CERTIFICATE OF DEATH

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1. PLACE OF	DEATH				2. USUAL I	RESIDENCI	(HOME) O	F DECEAS	ED	
COUNTY	ALLEGAM		MARYL	AND	STATE	ויי דייד ו	COU	NTY	T.FYL.M	707
CITY (If outsid	de corporate limits, write RU neerest town)	RAL	LENGTH OF	FSTAY	CITY (If or	utside corporate	Timits, write RU	RAL end give a	reares) fawn	ř
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HOSPITAL OR	R				STREET ADDRESS			rel give locetio	n)	
STREET ADDRES		MART HOS	SPTTAL.			#6 V	RGINIA	AVE.		
3. NAME OF DECEASED	(First,	((Middle)		(Lest)		4. DATE	(Month)	(Dey)	
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seapen.	ic	DR. R.J. WILLIAMS		ENT OF HEALTH- LATE OF DEATH	-BALTIMORE, 18	08108
	1, [PLACE OF DEATH	MARYLAND	·	e deceased lived. If institution	Reg. Dist. No.
1		p. CITY OR TOWN (If outside corporate limits, write c. L	ENGTH OF STAY IN 16		side corporate limits, write RUR	
		RURAL and give recorest town) CUMBER LAND J. NAME OF HOSPITAL (If not in hospital, give street oddre	3 DAYS	RIDGELEY d. STREET ADDRESS	, W. VA.	4. IS RESIDENCE
3		OF MEMORIAL HOSPITAL		2 JOHN S	TREET	ON A FARM? YES NO NO
		NAME OF First DECEASED Type or print) LEO	Martin RHO		DATE Month	T 9 19 57
	5 5	6 COLOR OR RACE 7. MARRIED MALE WHITE WIDOWED		B. DATE OF BIRTH APRIL 2, 190	lost birthday!	FUNDER I YEAR IF UNDER 24 HRS. Months Days Hours Min.
7		USUAL OCCUPATION (Give kind of work done 10b, KIND during most of working life, even if retired) achine operator (OF BUSINESS OR INDU			12. CITIZEN OF WHAT COUNTRY
2	13.	FATHER'S NAME GEORGE M. RHODES		14. MOTHER'S MAIDEN NA BRIDGET		
30		WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCI		MEMORIAL HOSPI	TAL - CUMBERLA	
		18. CAUSE OF DEATH [Enter only one couse per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	(o), (b), and (c)]	le 120cm	~	INTERVAL BETWEEN
		1,1 DUE TO RO	1.	t- 11-	726	2
		Conditions, if eny, which gove rise to immediate cause (a), stoting the <u>under-lying couse lost.</u> (c)	lungs	reff an	- Marie	The state of the s
)	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONT	RIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	AL DISEASE CONDITION GIVEN	N IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES NO
	CERTIFIE	20g ACCIDENT WAS UNDERLYING 20b DESCRIBE OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOW INJURY OCCURRE	D (Enter noture of injury in Po	rt 1 or Port 11 of Item 18.)	-
	MEDICAL		Not while - for	ACE OF INJURY (Hame, farm, story, street, affice bldg., etc.)	20f (City or Iown)	(County) (State)
		21. I certify that tattended the deceased f		19, to		that I last saw the decease
		actual Children	and that death			d an the date stated above
-4		SIGNATURE	Court	M.D	ufferlie	4./2.
	220		NAME OF CEMETERY O	R CREMATORY 2	2d. LOCATION (City, town, ar	county) [State)
	23	REMOVAL (Specify) Burial Aug. 12, 1957 FUNERAL DIRECTOR'S SIGNATURE	Rest Lawn Me	emorial Garden		Md.
W.		Charles L. George Cumberla		Setter 1	2.1959 CO. Ro	ss Cameron M
/					1 / acti	ug Registras

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 havrs after death. Page 4 may be relained by the hospital at attending physician.

TO FUNERA DIRECTOR: After this certificate has been signed by the altending physician and campletely filled in the funeral director. page 3 stg.//3 be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or remayal, and in any event within 72 hours offer-death. VS A15 (4) 1SM 9/55

PARE PRINT

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DECEMEN

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Within corporate limits CERTIFICATE OF DEATH 08094 Reg. Dist. No. 1 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) · COUNTY b. COUNTY MARYLAND b, CITY OR TOWN (If author corporate limit, write c CITY OR TOWN (If outside carporale junits, write RURAL and and nearest town) c. LENGTH OF STAY IN 15 d NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS . IS RES DENCE OR INSTITUTION ON A FARM? YES NO NO NAME OF 4. DATE Middle Month Year **DECEASED** OF DEATH (Type or print) 19.5 B. DATE OF BY 9. AGE (In years last be hidey) 6. COLOS OR RACE 7. MARRIED M NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Мін WIDOWED [DIVORCED T 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? during most of working life even if retired) gud carbo ofter 13. FATHER'S NAME 14 MOTHER physician hours 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17, INFORMANT Address Ill yes, gave wor or dates attending 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART 1 DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Š Conditions, if any, which gave rise to immediate **DUE TO** couse (o), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART T(g) 19 WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18.) 20c TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Hame, form, | 20f (City or town) 20d INJURY OCCURRED (County) (State) factory, street, office bldg , etc.) Hour a.m. While Not while of work at work 97124 10, 1957, to Livery 5., 1957, that I last saw the deceased 21. I certify that I attended the deceased fram and that death occurred at M, from the causes and an the date stated obove. ACTUAL **SIGNATURI** PHYSICIAN'S Clay E. Durrett, M.D. NAME (Type) 720 BURIAL, CREMATION, 22b. DATE THEREOF 22d LOCATION (City_Jown, or Equally) 22c. NAME OF CEMETERY OR CREMATORY (Stote) 0 FUNERAL DIRECTOR'S SIGNATURE 246 REGISTRAR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 08095 **CERTIFICATE OF DEATH** Reg. Dist. No. il director. Filed with WITH 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) MARYLAND °. CALLEGANY COUNTY MARYLAND ALLEGANY uneral b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 15 c CITY OR TOWN (If outside corporate limits, write RURA), and give negrest fawn) 4 RURAL and give negrest town)
CUMBERLAND CUMBERLAND shauld d NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d STREET ADDRESS . IS RESIDENCE ON A FARM? MEMORIAL HOSPITAL VIRGINIA AVE YES NOY 24 hours 4. DATE NAME OF Middle First Lost Month Doy Year Filled DECEASED DEATH AUGUST JAMES (Type or print) 19 NET SON RUSSLER 6. COLOR OR RACE 7. MARRIED TANEVER MARRIED T 8. DATE OF BIRTH 9. AGE (In years last birthday) FUNDER 1 YEAR IF UNDER 24 HRS S SEX completely Doys Months Hours MALE WHITE 12 1879 WIDOWED [DIVORCED [papers. 10o. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 1) BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Music Store WEST VIRGINIA carbon gafter we PropRieTor AMERICA oug 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME physician RUSSLER. NELSON HUTZLER. LENORA - DAOW IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address attending MEMORIAL HOSPITAL CUMBERLAND. no none INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per-line for (a) (b), and (c).] ONSET AND DEATH a PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) **DUE TO** þ Canditions, if any, which Sup permit gned gave rise to immediate **DUF TO** cause (a), stating the underlying couse lost. been PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART HOLD 19. WAS AUTOPSY PERFORMED? YES NO Z 200 ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 11 of item 18) certificate (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d INJURY OCCURRED (Stote) Doy, Year (County) factory, street, affice bldg., etc.) While Nat while of work of work A ATTENDING P ped by the hospital RECTOR: As 21. I certify that-I-attended the deceased from 19____that I lost sow the deceased 25PM, from the couses and on the date stated above. and that death occurred at alive on DATE SIGNED ACTUAL prig SIGNATUR Shove s PHYSICIAN'S NAME (Type) may be m 220 BUR AL CREMATION. 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or county) (State) 96 Burial 8-16-57 St. Mary's Cemetery Cumberland 20 23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246 REG STRAR'S SIGNATURE James F. Scarpelli. Cumberland, VS A15 (4) Md. TSM 9/59 leting Keyulla

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Townselle	H	MARYLAND STATE D	EPARTME	NT OF HEALTH	-BALTIMORE,	18	
~		08096 CE	RTIFICA	TE OF DEATH	ł	Reg. Dist. No.0814	3
	,	PLACE OF DEATH COUNTY ALLEGANY	MARYLAND	2 USUAL RESIDENCE (WHO O. STATE MARYLA	b, COUNTY	ATILEGANY	
		b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) CUMBERLAND 22 MIN		CUMBER		RURAL and give nearest tawn)	
60		d NAME OF HOSP TAL (If not in haspital give street address) OR INSTITUTION MEMORIAL - WARWICK & MEMORIAL	AVES.	d. STREET ADDRESS	INN STREET	IS RESIDEN ON A FAR YES NO	M?
		NAME OF First DECEASED (Type or print) BABY BC	Midd e	SAMARAS	4. DATE Mo OF DEATH AU	/	57.
	5, 1	6. COLOR OR RACE 7 MARRIED NEVER MALE WHITE WIDOWED DI	MARRIED B	AUGUST 3. 1	9. AGE (In years last birthday)	Mantha Days Haurs N	HRS
I)	10a	USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSIN during most of working life, even if retired) None	IESS OR INDUST	INY 11 BIRTHPLACE (Stole CUMBERIA		U. S. A.	NTRY?
/	13	FATHER'S NAME THEOBORE J. SAMARAS		14 MOTHER'S MAIDEN N LEOTTA V.	IAME		
-	15 (Yo	WAS DECEASED EVER IN U. S ARMED FORCES? 16 SOCIAL SECURI		FORMANT	Add	ERLAND. MD.	
		18. CAUSE OF DEATH [Enter only one coute per line for (a), (b) of PART I. DEATH WAS CAUSED BY:		Neona	torum	INTERVAL BETWEE	.TH
		762.0 DUE TO Canditions, if any, which) (b) ASD4	vatio	on Meco	nium		
		gave rise to immediate cause (a), staling the under-lying cause last.					
0	CATION	PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT N	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GI	VEN IN PART I(a) 19. WAS AUTO PERFORMEE YES NO	7
	CERT FI	20g. ACCIDENT WAS UNDERLYING ACCIDENT WAS UNDERLYING ACCONTRIBUTING ACCEPTED CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URY OCCURRED.	. (Enter nature al injury in f	Part E ar Part II of item 18.)		
	MEDICAL	20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURR Haur a.m., While Nat while p. m. 19 at wark at wark	fact	CE Of INJURY (Home form ary, street, office bldg , etc.	20f (City or lown)	(County) (S	itale)
		21. I certify that I attended the deceased from				,that I last saw the dec	
,		ACTUAL SIGNATURE CON (Man)	Charles and a		ADDRESS (Street, city or rown		IGNE
		PHYSICIAN'S DR. LEIAND B. RANSOM				Mat	حت
		REMOVAL (Specify)	cemetery or		22d LOCATION (City lown, Cumberland,	or county) (Store) Maryland.	
	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS Memorial Hospital, Cumberland, M	ary la nd.	1/#		ISTRAR S SIGNAZURE	m
	-	060281XV6		Trocy.	the de	ling Registre	as

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BECEINED

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE EALTH DEPT. PLACE OF DEATH If institution Residence before one standard e. COUNTY MATTARE c. CITY OR TOWN (If outside corporate I mils, write RURAL and pick (acrest town) c LENGTH OF STAY IN 16 Maryland YES NO Z 3. NAME OF DECEASED (Type or print) James Al der Selby

6 COLOR OR RACE | 7. MARRIED □ NEVER MARRIED □ R. DATE OF B RIM DEATH 9 AGE I'm years LIFUNDER TYEAR! IF UNDER 24 HPS Months OCCUPATION (Give kind of work done 10b. 12. CITIZEN OF WHAT COUNTRY? 17. INFORMANI 16. SOCIAL #ECURITY NO. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTURAL BETWEEN PART I, DEATH WAS CAUSED BY: Cerebral Hemorrhage 2 months. IMMEDIATE CAUSE (o) DUF TO Conditions, if any, which Arteriosclerotic Cardiovascular Disease gave rise to immediate cause **DUE TO** (a), stoting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? NO T Fracture of right neck of femur 20b DESCRIBE HOW INJURY OCCURRED (Enter noture at injury in Part I or Part II of item 18) 20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING TO Patient fell from porch at home 20d, INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 120f, (City or lown) Month, Day, Year (County) (State) fectory, street, office bldg., etc.) at work at work Cumberland Alleg. 21. 1 certify that I tack charge of the remains described above, held an Autopsy . Inspection [X], Inquiry [X], and in my opinian death resulted fram: Natural causes X, Accident], Suicide , Hamicide , Undetermined manner **ACTUAL** DATE SIGNED CHIEF MEDICAL EXAMINER Aug. 30,1957 SIGNATURE ASSISTANT MEDICAL EXAMINER [7] **EXAMINER'S** DEPUTY MEDICAL EXAMINE Benedict Skitarelic, M.D NAME (Type) acting lown, or sounty) (Stote) REC'D BY REGISTING 24b. REGISTRAR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 the corporate limits **CERTIFICATE OF DEATH** 08098 Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institutions Residence before admission) p. COUNTY g. STATE **b.** COUNTY MARYLAND ATTANA farrel and b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest lawn) RURAL and give negrest town) Cumberland d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS . IS RESIDENCE OR INSTITUTION ON A FARM? Sacred Heart Hospita YES NO 7) 3 Favatte NAME OF Eint Middle 4. DATE Month Year filled DECEASED OF (Type or print) Shiraton 19 5 SEX 6. COLOR OR RACE 7. MARRIED - NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours WIDOWED [7] DIVORCED | 82 yrs. papers. 18a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) COM 12. CITIZEN OF WHAT COUNTRY? death. during most of working life, even if retired) U.S. puo Retired Prain Dispatcher Rail Road Renova. Penna. 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME Jacob Shank Annie Irvin IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 40 410 50 attending 705-10-6049 Cumberland, lid. No 18 CAUSE OF DEATH [Enter only one couse per lipe for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) DUE TO ۵ Conditions, if any, which (p) gave rise to immediate DUE TO cause (a), stating the underlying cause last. (c) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY PERFORMED? YES NO 17 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) 20e. PLACE OF INJURY IHome, form, 20f. (City or town) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED (County) (Stole) factory, street, office bldg., etc.) Hour a.m. While Not while at work at wark 1957, that I last saw the deceased 21. I certify that attended the deceased from , and that death occurred at 7:30 A.M. from the causes and on the date stated above. alive an IRECTOR: ADDRESS (Street, city or fawn, stote) ACTUAL SIGNATUR PHYSICIAN'S NAME (Type) N. Center St.. Cumber Land oy be FUNER 220 BURIAL, CREMATION, 226 DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or county) page REMOVAL (Specify) HillCrest Cem Cumberland.Md o ADDRESS 246 REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE 240 REC'D BY REGISTRAR Charles L. George Cumberland ...d.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH 081408121 Reg. Dist. No. . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) filed v o. COUNTY o. STATE Maryland Allegany b. COUNTY Allegany MARYLAND b CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) Frostburg Frostburg d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE 111 ON A FARM? 293 E. Main St E. Main St. YES NO 7 3. NAME OF 4. DATE First Middle Month Dov filled OF DEATH **DECEASED** (Type or print) JAMES STEEMAN 19 Aug. HE UNDER 1 YEAR IF LINDER 24 HRS 6. COLOR OR RACE 17. MARRIED TENEVER MARRIED 8 DATE OF BIRTH 9. AGE (In years 71970 lost bulbday) Months Days 10-9-1881 WIDOWED IT DIVORCED [white 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? retired contractor U.S.A. Lumber busines\$ Maryland Puo 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Sleeman Margaret McFarland 15 WAS DECEASED EVER IN U. 5 ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address Mrs. Edith Sleeman, Frostburg, Md. No 18. CAUSE OF DEATH [Enter only one couse perflipe for (o), (b), app (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (6) **DUE TO** þ Conditions, if ony, which gave rise to immediate **DUE TO** couse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMEDA YES [] NO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of Item 18) 20s PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED (County) (Stote) Not while factory, street, effice bldg., etc.) Hour o.m. While at work of wark 1117, 19 7, that I last saw the deceased 21. I certify that I attended the deceased from. and that death occurred at 11964M from the causes and on the date stated above. alive an_ ADDRESS (Street, Lity of town, stote) DATE SIGNED O ACTUAL SIGNATURI PHYSICIAN'S HC. noy be re-NAME (Type) 270 BURIAL CREMATION. 22d LOCATION (City, fown, or county) 27b. DATE THEREO! 22c. NAME OF CEMETERY OF CREMATORY REMOVAL (Specify) Frostburg. 057 Md O 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE VS ATS (4) J. R. Durst. Frostburg.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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OTES MEDICA	L EXAMINER S	CERTIFICATE OF DEATH	g. Dist. No.
1. PLACE OF DEATH Allegany	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If Institutions o. STATE Md b. COUNTY	Residence before admission) Allegany
b. City OR TOWN (It outside corporate limits, with RURAL and give negress town) Rural—Westernport	c. LENGTH OF STAY IN 16	c. City OR TOWN (If auhide corporate limits, write RURA Rural Westernport	L and give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in ho	spital, give street address)	d. STREET ADDRESS	e. IS RESIDEN

'	Rural-We	sternport	RURAL	22 yrs	ib e, Ci	c. City Or town (If subside corporate limits, write RURAL and give nearest lown) Rural Westernport					
			f not in hosp	sital, give street address)	d. ST	REET ADDRESS		•		e. IS RESI ON A YES	FARM?
	NAME OF DECEASED (Type or print)	emuel Fir	sf	Middle	Stevens	losi	4. DATE OF DEATH	Aug. 1	3		57
5. 5	Male	White	WIDOWED	1000	Feb.	14, 18		9. AGE (In years lost brithder) 75 yrs.	Months Days		Min.
100	. USUAL OCCUPATION IN THE CONTROL OF WORKING	ON (Give kind of work g life, even if retired)	done 10b. K	al mine	OUSTRY 11. BI	RTHPLACE (Stot Varylan	e or foreign o	ountry)		S.A.	OUNTRY
13.	Samuel D	. Stevenson	n.		99			aret A. O	lise		
		ER IN U. S. ARMED FO (If yes, give war or doles of		OO IN THE SECURITY NO.	7. INFORMAN	-	Brait	Address vaite_Ber	yll, W.	Va.	
	PART I. DEAT	TH [Enter only one county one cou		or (o), (b), and (c).] Coronary	Occlus	ion			IN Of	30 Mir	H
ATION	Conditions, if or gove rise to immed (a), stating the couse lost. PART II. OTH	anderlying DUE TO		rteriosclero					EN IN PART I(o)	PERFORA	
CERTIFICATION	20a. EXTERNAL CAUSE WAS PRIMARY (or CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.)										
MEDICAL	20c. TIME OF INJUS Hour o.m. p. m.	tY Month, Day, Yea	While			URY (Home, for office bldg., et		or town)	(County)		(Stote)
			_	emains described of Accident		•		nspection 📑 ndetermined c		and fi	nd that
	ACTUAL SIGNATURE EXAMINER'S	Senedict Sk	t s	Kitarelia	M,D.	HIEF MEDICAL I	CAL EXAMINE	4 11		DATE SIG 1 3 /57)HED
	BURIAL, CREMATIO REMOVAL (Specify)			22c. NAME OF CEMETERY	OR CREMATO	RY MEDICAL	22d, LOCA	IION (City, town, o	J	(Stote)	
-	FUNERAL DIRECTOR		We	Blooming to: ADDRESS sternport. N	idi.	24a. REC	Bloc So by regist	ming ton. RAR 246. REGIS	STRAR'S SIGNAT	Md URE Kelle	-1-

VS. A15ME(5)

5M 9/55

CEVED EL DUA

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH 08102 Rea, Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) . COUNTY EGANY **b.** COUNTY ALLEGANY MARYLAND b. CITY OR TOWN (If outside corporale limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write-RURAL and give nearest town) RURAL and give negrest town) II HRS. 35 MINS. CUMBERLAND **CUMBER LAND** d NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS a. IS RESIDENCE OR INSTITUTION ON A FARM? Oldtown YES NO ! Road MEMORIAL HOSPITAL NAME OF Eirst Middle 4. DATE Lost Month 10 57 AUGUST SWE LIGERT ROSE Combs DEATH (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 17 8 DATE OF BIRTH 9. AGE (In years 5. SEX 281913 ost pirthdoy) Months SEPTEMBER Dovs Hours FEMALE WHITE DIVORCED [WIDOWED # 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Ridgely U. S. A. WEST VIRGINIA Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ALICE ORNDORFF Lemuel Combs 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17 INFORMANT 14. SOCIAL SECURITY NO Address CUMBERLAND, MD. MEMORIAL NOSPITAL None Nο 1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and it INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) DUE TO Conditions, if any, which gove rise to immediate DUE TO couse (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES TO NO TH 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (Stote) (County) factory, street, office bldg, etc.) Hour g. m While Not while of work ol work p. m 21. I certify that tattended the deceased fram, 19____that I last saw the deceased and that death accurred at 7:35P M. from the causes and an the date stated above. RECTOR: , be delected alive an DATE SLENED ADDRESS (Street, city or lower thote) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) RICHARD J. WILLIAMS DR. 22b. DATE THEREOF 220 BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote) ور م **30 الم** REMOVAL (Specify) Cumberland . Md . Davis Memorial 0 FUNERAL DIRECTOR'S SIGNATURE Cumber Land . Md. 24d) REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE . Scarpelli lames F VS A15 (4) 15M 9/55 Acartee Elsone

DECENED DE

COREAU V. S.

DECENTED A.S.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Within corporate limes 08104 **CERTIFICATE OF DEATH** Reg. Dist. No. 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution) Residence before admission) a COUNTY o STATE **b.** COUNTY MARYLAND ATT.EGANY ILRYI AND ALLTGANY after death." ero b CITY OR TOWN Ilf outside corporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) should davs Cumberland CINTERPIAND d NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? SACTT HTATT YES NO TO 70h BAKER STREET NAME OF First 4. DATE Middle last Month Year filled OF DEATH (Type or print) Wielet 8-6-57 19 5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH 9. AGE (In years lost birthday) IF UNDER LYEAR IF UNDER 24 HRS. pletely Months Days Hours Female WIDOWED [7] D VORCED [12-12-06 10a USLAL OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) USA HOG West Virginia Own Home 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Cowgill Electia Rainer 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address guib No None Patients chart 18 CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH ō. PART I. DEATH WAS CAUSED BY: Cerebral vascular accident IMMEDIATE CAUSE (a) DUE TO Arteriosclerosis þ 2 years Ë Conditions, if any, which (b) gove rise to immediate DUE TO couse (o), stating the underlying couse last burial-transit PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(1) 19 WAS AUTOPSY PERFORMED? 0 YES NO M NOU K Diabetes mellitus 200, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of ilem 18) MEDICAL 20c TIME OF INJURY Month. 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, Day, Year 20f (City or town) (County) (State) factory, street, affice bldg., etc.) Hour a.m. While Not while at work at wark, 1956, to 8 - 6 1957, that I last saw the deceased 21 I certify that I attended the deceased from 5 ... 9 and that death occurred at 8:00 A.M., from the causes and on the date stated above. TRECTOR: ADDRESS (Street, city or lown, state) DATE SIGNED ACTUAL Jalles SIGNATURE 0 PHYSICIAN'S NAME (Type) R.W.Ballin. Green St., Cumberland, Md. FUNER 220 BURIAL CREMATION. 226 DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City town, or county) REMOVAL (Specify) Allegany County. Burial 8/8/57 Olivers Grove Meth. Ceml Maryland 0 23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240 REC'D BY REGISTRAR .246 REGISTRAR'S SIGNATURE VS A15 (4) John J. Hafer, Cumberland, Maryland

BUREAU K. E. AUGU 12 1957

s A P Mo		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	08126
		08105 CERTIFICATE OF DEATH	g. Dist. No.
ñi)	1	PLACE OF DEATH o. COUNTY ALLEGANY MARYLAND 2. USUAL RESIDENCE (Where deceased lived II institution: R o STATE VIRGINIA b. COUNTY	lesidence before admission)
		b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) CUMBERLAND C. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) BUENA VISTA	L and give nearest tawn)
1-		d. NAME OF HOSPITAL (If not in hospital, give street oddress) MEMORIAL HOSPITAL - MEMORIAL AVE.	IS RESIDENCE ON A FARM? YES NO
	3.	NAME OF First Middle Lost 4. DATE Month DECRASED (Type or print) JAMES HENRY VANCE OF DEATH AUGUST	7 19 57 •
	5.		UNDER 1 YEAR IF UNDER 24 HRS
1	100	USUAL OCCUPATION (Give kind of work done) Ob. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State of logeign country) Painter House painting VIRGINIA	U. S. A.
	13.	LUTHER A. VANCE 14. MOTHER'S MAIDEN NAME ROSABELLE THORN	
1	15. Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address Yes WW 2 28 26 2277 MEMORIAL HOSPITAL - CUMBER	LAND, MD.
		PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Carely - Value of the control of	INTERVAL BETWEEN ONSET AND DEATH
		33/X Conditions, if any, which) (b)	
		gove rise to immediate couse (a), stating the <u>under-land</u> DUE TO lying couse last. (c)	
0	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN T	PART I(a) 19 WAS AUTOPSY PERFORMED? YES NO
	CERTA	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 11 or Part 11 of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work at work at work at work	(County) (State)
		21. I certify that I attended the deceased from	at I last saw the deceased
1		ACTUAD SIGNATURE ADDRESS (Street, city or town, stole SIGNATURE)	
/		PHYSICIAN'S NAME (Type) DR. GEORGE M. SIMONS	
	22. B	o Burial, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (C ly lown, or concernation) Aug. 10,1957 Davis Memorial Cem. Cumberland,	
- CA	23.		R'S SIGNATURE SS (AMPLON) N
*		and the second	is do oustras



BUREAU V. R.

VS A15 (4) 15M 9/55

Charles L. George Cumberland, Md.

245, REGISTRAR'S SIGNATURE
245, REGISTRAR'S SIGNATURE

(ROSS) (Ameron, M.)

(Rotting Registrar)

BUREAU V. S.

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BUREAU V. A.

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John J. Hafer, Cumberland, Maryland

A15ME(5)



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 Within corporate limit. 08130MEDICAL EXAMINER'S CERTIFICATE OF DEATH cremation Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. COUNTY Allegany o. STATE b. COUNTY MARYLAND Allegany burial. b. CITY OR TOWN (II outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) and give nearest lown Cumberland Cumberland yrs. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE 317 Bedford 317 Bedford St. St. YES NO P 3. NAME OF Middle 4. DATE Month DECEASED Wildmann Helen (Type or print) DEATH Aug. 19 6. COLOR OR RACE 7- MARRIED NEVER MARRIED TO B. DATE OF BIRTH 5. SEX 9. AGE (in years IF UNDER TYEAR IF UNDER 24 HRS. and 3 to the June 13-1886 Hours female white WIDOWED [DIVORCED [100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of werking life, even if retired) C Shoe Store Cumberland . Md . U.S.A. 90 1. 2. moy 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles Wildmann Gertrude Muth Pages 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Give \$A(Mrs.Robt.Ehrbar, Cumberland, Md. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH SUdden PART I. DEATH WAS CAUSED BY: Coronary occlusion form IMMEDIATE CAUSE (a) DUE TO with Pulmonary edema 2. Conditions, if any, which pencil a gave rise to immediate cause buriol DUE TO (a), stating the underlying cause last O Office CATION PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(D) 19, WAS AUTOPSY SD PERFORMED? pending NO I Examiner's 20g. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH, 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 3 should ward 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) cute the criticate, writing the v farward the Chief Medical factory, street, office bldg., etc. While Not while 0 20 of work at work p. m. 21. I certify that I took charge of the remains described above, held on Autopsy . Inspection , Inquiry R., and find that Accident , Suicide , Homicide , Undetermined couse deoth resulted from: Notural couses ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER NAME (Type) H. V. Deming DEPUTY MEDICAL EXAMINER 220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) burial St. Luke's Cemetery Cumberland, Maryland 23. FUNERAL DIRECTOR'S SIGNATURE 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE A15ME(5) Louis Stein, Inc., Cumberland, Maryland Strong Kenistran

BUREAU V. S.

2961 6 9AV

BECEINED

CERTIFICATE OF DEATH

BUREAU K. E.

THE RESERVE TO BE STATED IN SHEET.

7861 81 9UA

